Clinical Lectures
ON
GOUT, RHEUMATISM, RHEUMATIC GOUT, AND SCIATICA.

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GENTLEMEN,—Few diseases are more commonly met with in practice than Rheumatic Gout. Whenever you go into the wards of the hospital you may note it in almost every stage of its progress; you may see patients in whom a slight enlargement of one of the knuckles constitutes its only external manifestation, and others who are thoroughly crippled through its agency, and possess scarcely a sound and serviceable joint. It would be difficult, therefore, to occupy our time to-day more profitably than by a brief survey of the history of this disease as illustrated by cases which have come before you, and by an endeavour to point out the nature of the treatment which proves most serviceable in its different varieties.

My views as to the nature of this disease are well known to most of you, and it will be needless therefore for me to state them at length on the present occasion; but I may remind you that my experience induces me to believe that rheumatic gout is a disease *sui generis*—totally distinct from gout, and equally so from rheumatism. Indeed, it appears to me to resemble scrofulous inflammation more nearly than rheumatism in its nature. Call it by whatever name you please—rheumatic gout, rheumatic arthritis, rheumatoid arthritis, or any of its other synonyms; but remember that it has no connexion with any other form of so-called rheumatic disorder. As well might you regard measles as identical with scarlatina on the ground of their both being accompanied by an eruption on the skin, as to consider rheumatic gout identical either with gout or rheumatism on account of its being, like those disorders, accompanied by pain and swelling of the joints. Depend upon it, rheumatic gout has a history and pathology of its own; and if it is to be treated successfully, its history and pathology must be carefully studied and its treatment conducted accordingly.

Pathological research has shown that in the earliest stages of the disease the capsules of the affected joints are distended with fluid, the synovial membrane is thickened and intensely vascular, and vascular tufts or excrescences exist at the margins of the cartilages; that as the disease progresses the fluid is absorbed, the interarticular fibro-cartilages are also absorbed, and eburnation of the articulating surfaces takes place; that the heads of the bones become enlarged and altered in shape by the occurrence of interstitial absorption in some parts and of irregular osseous deposits in others; and that foreign bodies of varying consistence and character are often developed both within and without the joints—bodies which are sometimes cartilaginous, sometimes bony, sometimes attached by longer or shorter pedicles to the synovial membrane or to the ligamentous structures, and at others are loose within the articulation. It has shown that these changes may take place slowly without any general febrile disturbance or any acute local inflammatory action; and on the other hand, that they may be preceded and accompanied by fever, and by pain, heat, and inflammatory swelling of the parts; that the bursæ and sheaths of tendons in the vicinity of the affected joints are prone to be implicated in the mischief, but that neither in the joints nor in the adjacent bursæ or sheaths of tendons are any of the ordinary products of inflammation found—there is no lymph, and no pus, and no urate of soda, as in gout. In other words, it has shown that the characteristic changes which occur in the joints as the result of rheumatic gout take place independently of active inflammation, and that the acute inflammatory action which sometimes precedes or accompanies these structural changes is simply a complication of the disorder, and by no means necessary to its perfect development.

And what are the conditions under which these structural alterations in the joints occur? They are not met with in the robust or vigorous, in well-fed persons with sound constitutions and sedentary habits; they do not arise, like the deposits of urate of soda in gouty men, in connexion with excessive indulgence in the luxuries of the table, and defective excretion consequent on a diseased condition of the kidneys. On the contrary, they are more common in women than in men; very frequently arise in persons who lead a temperate life, and are small eaters, and never present themselves in persons who are constitutionally sound, unless they have been subjected to some cause of nervous exhaustion and enfeebled health. Their favourite victims are the offspring of consumptive parents, and especially weakly women—women whose constitution is either originally delicate and unsound, or who from some cause or another have fallen into ill health. Amongst men, the most common exciting causes of the disease have appeared to me to be the cachexia which oftentimes follows excessive venery or syphilis, or the sleeplessness and exhaustion consequent on ill-treated gonorrhœal rheumatism, or the depression resulting from anxiety, or from excessive and long-continued mental exercise, or from over-fatigue or chill in persons of a delicate constitution or scrofulous tendency; whilst in woman the disease is often traceable to the cachexia entailed by perversion of the uterine functions. It attacks the girl just arriving at puberty, in whom those functions are ill performed; it invades the stiffening articulations of the woman who has arrived at that time of life which is marked by the cessation of the monthly periods; it shows itself during the state of debility which follows a miscarriage or a difficult or protracted labour, more especially when the labour has been accompanied by flooding; and it is a common sequel of over-long suckling.

But whatever the exciting cause of the disease, its primary or essential cause is the same in all instances; and although we are unable as yet to point out the precise nature of that cause,—although we know little of the morbid chemical actions which take place, and are at a loss to account for the peculiarities in the nutrition of the affected parts by which this form of disease is accompanied, it is impossible to doubt the existence of a special form of constitutional disorder. The history of the complaint, its course and symptoms, and its pathological effects, all indicate the agency of some cause distinct from that which occasions gout or rheumatism. Our inability to demonstrate the nature of the chemical changes in the blood, or, in other words, to prove the formation of a special poison, is not a valid argument against the existence of such a poison. The same line of reasoning would be equally conclusive against the existence of any special form of blood-disorder in small-pox, typhus fever, scarlatina, and pyæmia. The fact is, our means of analysis of organic fluids are at present so imperfect, and we know as yet so little of the influence exerted on the functions of assimilation and excretion by modifications of the nervous power and other similar agencies, that in this, as in other forms of disease, we cannot even offer a reasonable conjecture as to the character of the chemical changes which take place, or as to how those changes are brought about. All that chemistry has as yet enabled us to assert is the bald fact originally pointed out by Dr. Garrod, that the blood in these cases does not, like the blood in gout, contain uric or lithic acid.

Thus, then, as there is no very certain mode of diagnosing this disorder, and as, if it is to be treated successfully, its special character must be recognised early in the attack, I will endeavour to bring before you certain facts which will serve as guides to a correct diagnosis.

I would premise that the disease may make its approach either in an acute or in a chronic form. In the latter case, its true character is not likely to be mistaken; but in the former it often resembles an attack of acute rheumatism so closely as to tax our powers of diagnosis to the utmost. There may be heat of skin and profuse perspiration, furring of the tongue, loading of the urine, acceleration of the pulse, and pain, redness, and swelling of the affected joints—symptoms which, to a greater or less degree, are always attendant on acute rheumatism. But even from the first there are certain peculiarities which ought to excite suspicion as to its nature. The skin, though hot, is less so than in acute rheumatism; the perspiration does not possess the peculiar rheumatic odour in any marked degree; the pulse, though quick, is feeble; the tongue is usually less furred; and the local pain and swelling are seldom confined to the knees and other larger joints, but invade the wrists and small joints of the fingers; they are more persistent than the inflammatory swellings of true rheumatism, and they attack a larger number of joints simultaneously.

If the true character of the disorder is overlooked at the first, a few days' observation at the bedside ought to rectify the diagnosis. The symptoms rarely yield to alkalies; the tongue cleans, the heat of the skin subsides, and any slight odour

which may have attended the perspiration speedily disappears; but the skin remains constantly bedewed with moisture, and becomes daily more flaccid and less elastic, the pulse gets weaker, and the pain and swelling of the smaller joints assume a more prominent aspect. The inflammation, however, though continuing so obstinately, is not so acute, and does not appear to threaten the integrity of the joint, as true rheumatic inflammation does under similar circumstances. When true rheumatism fixes obstinately on a joint, the fear of permanent mischief and anchylosis of the joint at once presents itself to the mind. The inflammation of the other joints subsides, but the pain and swelling in the one joint increase daily; and it is obvious to the merest tyro in medicine that if that joint be not kept motionless, and leeches, blisters, and fomentations, or mercurial ointment applied, anchylosis of the joint is the most favourable issue which can be expected. But it is otherwise in respect to the inflammation of the joints which accompanies rheumatic gout. Rarely, indeed, in the acute form of the disease, is the inflammation confined to one joint; on the contrary, three or four, or even a larger number, of the joints remain affected throughout. There is not the same heat, or redness, or tenderness of the affected joints; the fear of adhesive or suppurative mischief does not arise; the application of a splint, and of leeches and blisters, does not suggest itself; and although the joints may remain permanently enlarged and distorted, they do not become anchylosed.

When the disease makes its approach more slowly, and assumes from the first a non-acute or chronic form, its features are much more distinctive. The patient feels weak, languid, and uncomfortable; she is oftentimes chilly, but nevertheless perspires on the slightest exertion; the appetite is capricious, the pulse feeble, the urine often pale and clear, and the spirits are much depressed. Up to this time probably there may have been no swelling of the joints, and possibly no wandering pains in the limbs, so that no suspicion is entertained as to the nature of the impending mischief. The ill-health is attributed to the effect of a mercurial course, to the drain resulting from an excessive flow of the monthly courses, to profuse leucorrhœa, to amenorrhœa, or to one of the many causes which are productive of ill-health, and which may have been present in the particular case in question. But after a longer or shorter period, some pain or stiffness is perceived in one or more of the joints. Not unfrequently a knuckle becomes stiff and swollen for weeks or months before any other joint is affected; and even though the knees or other of the larger joints be enlarged, the knuckles rarely escape. They are seldom red, inflamed, or very tender to the touch; on the contrary, they are relieved by gentle friction, and will often derive benefit even from tolerably active rubbing. Effusion within the joint is the principal cause of their enlargement; but the bursæ and sheaths of tendons around the joint are also implicated, and are felt as circumscribed swellings. Moreover, the mischief is seldom confined to the immediate vicinity of the joints, but the sheaths of tendons may be felt hard and swollen in the palms of the hands and in other parts more or less remote from the primary seat of inflammation.

In the more advanced stages of the chronic form of the disorder, the peculiarities of the case become even more apparent. Depression of spirits is a prominent symptom; the constant clammy moistness of the skin is quite characteristic; the extraordinary number of the joints implicated in the mischief is unlike what is observed in any variety of true rheumatism; and the form o. the articular swelling is such as cannot possibly be confounded with the effects of rheumatism. It is obviously due, in great measure at least, to enlargement of the extremities of the bones themselves, and not merely to effusion within their capsules, or to the thickening of the surrounding structures. Thus a material alteration occurs in the form, and oftentimes in the direction of the joints. The fingers, for instance, are drawn towards the ulnar or outside of the hand, and take a permanently oblique direction; whilst the enlarged and partly dislocated extremities of the bones, more especially of the metacarpal bones, project in every variety of form, and constitute the nodosities which have been described by Dr. Haggarth in his "Clinical History of Disease."

Thus, then, to sum up the principal facts which have a practical bearing on the treatment of the disease, it may be stated: 1st. That the malady originates in mal-nutrition, resulting not unfrequently from some hereditary infirmity of constitution, but sometimes in connexion with cachexia induced by a variety of causes which exhaust the nervous system. 2nd. That the local changes to which it gives rise are essentially distinct from those produced by active inflammation, and more nearly resemble the results which might be expected from a slow perversion of nutrition; indeed, a similar tendency to the formation of exuberant osseous growths around the joints whilst the articular textures within are suffering destruction and decay is observed in malignant disease of the joints, and in various strumous affections of the joints, both of which are connected with a constitutional taint. 3rd. That, whether in an acute or in a chronic form, the malady is one and the same, due to the same cause, connected with a similar failure of tone in the system, and productive of similar changes in the joints; the only difference observable between the results in the acute and chronic cases respectively being that in the former they occur more rapidly than in the latter.

If this view as to the nature of the disorder is correct,—and its whole history leaves little room for doubt on the matter,—it follows that any treatment to be successful must have for its object the sustentation of the general health and the restoration of tone to the system. Whilst this is being effected, means may be taken to subdue the local irritation of the joints, and thus to mitigate our patient's suffering; but the primary object must be to improve the health, and so to check the continuance of those actions on which the enlargement and distortion of the joints depend. The remedies which are most serviceable in rheumatism and gout are of little avail in this form of disease. Colchicum, iodide of potassium, guaiacum, hot baths, vapour baths, and other similar remedies, if prescribed with a view to eradicate the disease, prove mischievous rather than beneficial. They depress and enervate the patient, who is already low and exhausted; and thus they serve to establish the disorder which they were given expressly to get rid of. In private no less than in hospital practice the mischievous results which follow this mode of treatment almost daily force themselves on my attention. In short, if the remedies above named are to be employed at all in the treatment of rheumatic gout, they should be used cautiously as alteratives in conjunction with tonics, and should not be administered as agents to be relied upon for the cure of the disease. The more I have seen of this form of the disorder, the more thoroughly have I discarded the views which, in common with other medical men, I formerly entertained respecting its treatment, and the more completely have I learned to trust to tonics and occasional alteratives. In the acute stage of the disorder it may be necessary for a few days to administer alkalies and alterative doses of blue-pill or calomel, and to restrict the diet to broth or beef-tea; but when once the true nature of the malady has declared itself, I believe that in the majority of instances the more successful plan, notwithstanding the acute character of the symptoms, is to administer bark or quinine in combination with small doses of alkalies, and as soon as possible to interpose and check the continuance of the enfeebling clammy perspiration by means of a cold shower-bath or the dripping-sheet. Indeed, whether the disease be in an acute or in a chronic form, the general state of the system and the ever-varying condition of the secretions are the only rational guides to treatment. If, as often happens when the disease is chronic, the secretions are tolerably regular and healthy, if the bowels are acting daily and the alvine dejections are of a natural colour, if the urine is clear and remains so on cooling, and if the skin is neither dry nor damp and clammy, the most effectual remedies are bark, quinine, strychnine, iron in its different forms, cantharides, arnica, sarsaparilla, the mineral acids, and cod-liver oil; and they must be given in doses proportioned to the amount of depression they have to counteract; further, their action must be assisted by fresh air and exercise, change of scene, and a generous diet: meat twice or three times daily, with a full allowance of porter or ale, and wine, are essential adjuncts to the treatment. On the other hand, if the motions are pale, calomel or blue-pill must be given as alteratives; if the urine is loaded with lithates and the bowels are torpid, these secretions must be regulated in the ordinary way by the exhibition of purgatives and alkalies; the diet at the same time must be more or less restricted, and malt liquor prohibited. But even in these cases care must be taken not to depress the patient; and while brandy or gin or whisky is substituted for the malt liquor and wine, an endeavour should be made to discover some nutritious food which the patient can digest and assimilate. If the skin is clammy, and the shock of cold water is followed by reaction and warmth of the surface, a cold shower-bath or the dripping-sheet should be employed daily, for nothing tends so powerfully to stimulate the capillary circulation and restore the tone of the system.

Let me cite a few cases in illustration of these facts. S. H——, a pale, delicate woman, aged thirty-six, was admitted into the Holland ward on July 25th. She had been attacked five years previously with wandering pains in the limbs, and symptoms resembling rheumatic fever. The ankles, wrists, hands, and

shoulders were the parts principally affected, and became greatly swollen, stiff, and painful. She underwent medical treatment for some months, and had a succession of hot-air baths without relief, and from that time to the present she had been utterly incapable of following her occupation as a cook. There was no inherited disposition either to gout or rheumatism, but her mother and two of her sisters had died of consumption, and she had lost a brother by diabetes. At the time of her attack she had been overworked, and felt more than usually languid and unequal to exertion.

On admission her complexion was pale and delicate, but her cheeks were coloured by the presence of dilated capillaries; her flesh was soft and flabby; the skin was warm, and usually covered with a clammy perspiration; the pulse was 84, weak; the tongue was coated; the urine clear, acid, sp. gr. 1016, and free from albumen; the bowels were reported open, and the catamenia regular. Her appetite was indifferent. The wrists and several of the small joints of the fingers were much swollen and distorted, and several bursæ and sheaths of tendons in the vicinity of the wrists were enlarged, forming circumscribed swellings; the ankles also were greatly swollen, and were so weak that she could scarcely hobble across the room. The pains prevented her obtaining a due amount of rest at night. She told us that she always felt better, and suffered less from pains in the joints, in cold weather than in warm. Having regard to her pallor, the flabbiness of her flesh, and to the healthy condition of her secretions, I determined to administer iron, and to employ a decidedly tonic plan of treatment. Accordingly I gave her meat and a pint of porter for her dinner, and prescribed half an ounce of cod-liver oil to be taken three times daily in conjunction with the following draught:—Syrup of iodide of iron, a drachm and a half; iodide of potassium, six grains; infusion of quassia, an ounce. A pill, containing colocynth and calomel, was also ordered to be taken occasionally, with a view to stimulate the chylopoietic viscera and maintain a free action of the liver, and a cold shower-bath was given every morning. She was also directed to rub daily into the affected joints an ointment composed of four grains of bichloride of mercury, half an ounce of the compound iodine ointment, and an ounce of lard; and with a view to stimulate and strengthen the ankles, a douche of cold water was applied to them for the space of ten minutes every morning, and while they were wet they were rubbed with the naked hand until warmth had been restored to them, and a glow had diffused itself over the surface. At first the oil did not suit her stomach, and she complained of nausea and sick headache, so that it was found necessary to administer a few of the pills, and to omit one of the doses of oil daily; but in the course of a few days she ceased to experience any inconvenience from the oil, and was able to take it as ordered, three times in the twenty-four hours. The improvement which resulted was most satisfactory. Before the expiration of a fortnight the appetite had improved; the clammy sweats had well nigh ceased; the pains in the limbs had so far subsided that she was not disturbed by them at night; the swelling of the joints had decreased considerably, and the ankles were so much stronger that she was able to walk without much difficulty. From this time the symptoms steadily improved, and on the 12th of August, when she was made out patient, she stated that she was in better condition, and had more power and less swelling in her joints, than she had had for the space of two years.

Now there are one or two points suggested by this case on which I would give you a few practical hints. In the first place, you will always do well to inquire whether your patient ordinarily enjoys better health in winter or in summer, in cold weather or in warm,—as the reply you obtain will serve as a tolerably trustworthy criterion as to whether she is likely to be benefited by cold water. When a patient who is suffering from rheumatic gout tells you that she is usually stronger and more vigorous in cold weather than in hot, you may confidently recommend the daily use of a shower bath. It will brace and stimulate her, and will contribute as largely to her recovery as any medicine you can administer internally. There is nothing more remarkable in the whole range of therapeutics than the rapidity of the improvement sometimes observed under the influence of this remedy. Even when a patient tells you that she is not much affected by temperature, but that she is often chilly and dreads cold water, I would urge you not to be deterred from having recourse to its assistance. The chilliness in such a case is dependent on the vitiated condition of her blood, and not on any innate delicacy or any deficiency in her power of resistance to cold: consequently the shower-bath, by imparting a stimulus to the system, will conduce to the better performance of the various functions of the body, and so to an improvement in the condition and circulation of the blood, and to a cessation of the sense of chilliness. If you are not consulted until the patient has been greatly reduced by illness, and has a feeble pulse, and scarcely sufficient power to enable her to rally from the shock of the shower-bath, you may order the dripping-sheet, as you have seen me do, with excellent results, under similar circumstances. The shock is somewhat less, and so also is the chilling effect on the system. But I would have you bear in mind that it is impossible *à priori* to determine whether reaction will take place after the shock of cold water. Sometimes a person whose circulation is so weak as to render it improbable that she would be able to withstand it will feel refreshed and invigorated by it, and will glow with warmth in a few minutes afterwards; whereas another person, apparently stronger and less reduced by illness, will be chilled and exhausted by it, and will suffer from cold the whole day. One or two trials, however, will settle this question, and the bath is such an important agent in the treatment of these cases that the matter ought never to be allowed to remain undecided. The only cases in which its effect is doubtful are those in which the patients, even when in health, were always better in summer than in winter, and have always suffered from cold. In these cases, if the clamminess of the skin appears to require the use of the cold shower-bath, a small quantity only of cold water should be employed. The patient, when taking it, should stand in hot water, and a cotton sheet should be thrown round her as soon as she steps out of the bath. With these precautions there are few persons who cannot withstand the shock of the water, and as few who will not benefit by it.

Another point is relative to the use of a cold douche, and the means of obtaining one. A few jugs of water poured on the affected joint are of little or no service in these cases: the force of the water is not sufficiently great, nor is its action sufficiently sustained. In none of the London or provincial general hospitals with which I am acquainted, nor in most of the towns in the United Kingdom, is a good douche-bath to be found, and therefore if we wish to avail ourselves of this valuable agent in the treatment of stiffened joints we must either send our patients to a hydropathic establishment, where this species of bath is admirably arranged, or extemporize one for ourselves at the residences of our patients. Fortunately it is not difficult in most houses to arrange an efficient douche-bath for the knees and ankles—the parts to which this description of bath is specially applicable. All that is required is a large tap, communicating with a cistern of water placed at a considerable elevation above it. Two yards of india-rubber tubing affixed to the tap will suffice to carry the stream of water towards the affected joint, and a large empty bath will receive it as it flows. You may think this a trivial matter for me to dilate upon, but if you are really in earnest at your work, and are aiming at the attainment of proficiency in relieving human suffering, you will not despise the smallest matters which can contribute towards the object you have in view.

One word as to this woman's family history. At the beginning of the lecture I told you that rheumatic gout is very prone to show itself in the offspring of consumptive parents. I may go further and tell you that since I have had my attention directed to this point I have traced a consumptive tendency in no less than thirty-five out of 173 cases which have come under my observation, or, in other words, in one out of every 4·9 patients; and that if I limit the results of my inquiry to private patients, from whom it is much easier to obtain reliable information respecting their family ailments, the ratio rises to one in every 2·8 cases. In the case of S. H—— the consumptive tendency was strongly developed in her family, for her mother and two sisters had died of phthisis, and a brother had died of diabetes, a disease very closely allied to phthisis. In several other cases which have come under my notice I have found phthisis, diabetes, and rheumatic gout associated in the same family; and although it may be difficult to point out the precise nature of the connexion subsisting between them, it is certainly a significant and important fact in reference to the treatment of rheumatic gout that such a connexion exists. In a pathological point of view it is also of importance, as serving to strengthen the opinion which I gave at the commencement of the lecture, that the structural changes in the bones produced by rheumatic gout are closely allied to those which result from scrofulous inflammation.

I will now call your attention to the case of E. F——, a single woman, aged twenty nine, who was admitted into the Holland ward on October 17th. She had suffered four years from rheumatic gout, affecting the ankles, wrists, and the small joints of the hands. She had taken two courses of hot baths, and had otherwise undergone treatment, without relief.

Within the last three months the symptoms had rapidly increased in severity, and she was therefore induced to apply at the hospital. There was no consumption in her family, and she attributed the failure of her health to overwork at her occupation as a needlewoman. She had usually enjoyed better health in summer than in winter. On admission, the capillaries of the face were dilated and injected, so that to the careless observer she might have appeared to bear the ruddy hue of health; the skin was cool and clammy; tongue clean; urine clear, acid, and not albuminous; the bowels were moved daily; the catamenia were reported regular; the pulse was weak; the appetite good, but she had been living lately on scanty diet. I ordered meat and a pint of porter for her dinner, and prescribed the following remedies—namely, a cold shower-bath every morning, a pill containing a grain and a half of the extract of nux vomica and the same quantity of compound rhubarb pill each night at bedtime, and a cinchona draught three times daily, to which were added twenty-five minims of the tincture of arnica and ten minims of nitro-hydrochloric acid. On the 20th she told us that the joints were less stiff than on admission, but that there was not a full reaction after the bath, and that she felt generally uncomfortable; her urine had become acid, and contained a deposit of lithates. Therefore, while the pill was continued as before, the bath was omitted; half a drachm of the bicarbonate of potash and a drachm of the ammoniated tincture of guaiacum were substituted for the mineral acid in the draught; and half an ounce of cod-liver oil was ordered to be taken with each dose. Within three days she felt better in every respect; the urine had become natural, the pains had decreased; and she was made an out-patient at her own request on the 24th.

The general features of this case very closely resemble those of S. H——, except in the fact that the patient usually enjoyed better health in warm weather than in cold, and that under the use of the remedies first prescribed the urine became loaded with lithates, and a sense of general discomfort was experienced. My object in citing the case is to make it the text for a few practical remarks. There could not be a doubt as to the necessity for a tonic sustaining plan of treatment; but it did admit of question as to the precise remedies which should be employed. The clammy moisture on the skin seemed to call for the bracing influence of cold water, and, together with the general want of tone in the system, rendered it likely that the mineral acids might be of service. But the chilliness and the sense of general discomfort which ensued after the bath made it manifest that the patient did not possess sufficient vigour to withstand the shock of the cold water, which therefore depressed instead of stimulating and bracing her; whilst the deposit of lithates in the urine, which was observed on the third day of the treatment, rendered it probable that the mineral acids did not agree. Possibly the turbidity of the urine may have been attributable to the disturbance consequent on the chilliness induced by the bath, and that had I omitted the bath, and continued the acids, the urinary secretion would have reassumed its normal appearance in a few days. Under the circumstances, however, I deemed it more prudent to omit both the bath and the acids, and to have recourse to the warmth-imparting power of cod-liver oil in aid of the other remedies. My intention was to have ordered a tepid shower-bath at a future time, and once again to have made trial of the mineral acids; but family matters induced her to leave the hospital before I had the opportunity of doing so, and it is therefore uncertain how far they would have suited her. I would have you remember, however, that a tepid shower-bath is sometimes useful when a cold bath cannot be borne; and, on the other hand, that in cases in which a full reaction ensues after a cold shower-bath, no benefit is derivable from tepid water. I urge this upon you the more earnestly because in private practice you will be constantly appealed to for permission to use a tepid instead of a cold shower-bath; and if you yield to the entreaty in cases in which the constitution is vigorous enough to withstand the shock of cold water, your patient will not realize the benefit you had anticipated from your prescription. In regard to the administration of the mineral acids, there are two points to which I would direct your attention: the first is the dose in which they are prescribed; the second is the information respecting the propriety of their exhibition derivable from the condition of the urine. My own observation leads me to place very great reliance on the mineral acids in this and in other diseases of an atonic character; but it also induces me to believe that the doses in which they are usually given do not afford us all the benefit obtainable from them. I have often derived great assistance from full doses of the acids in cases in which smaller doses had been fruitlessly administered, and my conviction is, that in the majority of cases they must be given in from six to ten minim doses, if we wish to obtain any manifest assistance from them in cases of a seriously atonic character. Further, I am satisfied that in cases of rheumatic gout, turbidity of the urine is not a bar to their administration. When urine, previously clear, becomes turbid, and deposits lithates, as in the case of E. F——, it is usually prudent to suspend their administration, the more so if symptoms of dyspepsia present themselves. But in cases in which the urine is habitually turbid, and in which the liver and bowels are acting regularly, and the turbidity of the urine appears to be connected with want of tone in the stomach, and consequent imperfect assimilation, I know of no remedy more generally serviceable. Oftentimes the urine clears under their influence within a few days, and even when an alteration is not observed so speedily, it usually takes place after a longer period, as the powers of assimilation improve. In cases in which the urine is habitually clear and pale, the exhibition of the acids is almost indispensable.

Before quitting the subject of rheumatic gout, I will briefly refer to the case of J. B——, aged forty-four, who was admitted on the 19th of September into Princess ward. This woman had suffered from rheumatic gout above two years, and there were few parts of her body which had not been affected. Her feet, knees, and shoulders, neck, jaws, wrists, and hands had all been implicated since the commencement of the attack; but the parts in which the pain and stiffness and swelling were persistent were the wrists and the small joints of the fingers. She would not admit any hereditary tendency either to gout, rheumatism, or consumption; but stated that she had been delicate and nervous from childhood, and since the commencement of her illness had suffered fearfully from depression of spirits. She generally felt stronger in cold weather than in warm. Though a married woman, she had never borne a child. When she came under my care, the complexion was generally pale, though her cheeks flushed on the slightest occasion; her skin was warm and moist and clammy, and her flesh flabby; the tongue was clean; the urine abundant, clear, acid, free from albumen, specific gravity 1019; the pulse 96, weak; and the appetite good. The bowels acted daily, and the catamenia were quite regular. I ordered her meat and porter for her dinner, and a cold shower-bath every morning; and three times a day she took a cinchona draught, containing a sixteenth of a grain of strychnine, ten minims of nitro-hydrochloric acid, and half a drachm of chloric ether. On the 25th she told us that she seemed to be gaining strength daily, and that the pains in the limbs were less severe; but her bowels had become costive, and she was therefore ordered three grains of compound rhubarb pill each night at bedtime. On the 10th of October, as she was languid and depressed, and still very pale, the cinchona draught was omitted, and the following was substituted for it—viz., syrup of iodide of iron, one drachm; iodide of potassium, eight grains; infusion of quassia, seven drachms; cod-liver oil, half an ounce. This she continued to take until she was made out-patient on the 17th.

The improvement in this case was less marked than in those previously referred to, though it was as great perhaps as could have been expected in the short space of four weeks in a person constitutionally and physically delicate, and so seriously depressed in health and spirits as our patient was on admission. My principal object in directing your attention to it is to give you a hint as to the administration of strychnine in cases characterized by depression of spirits. In the whole catalogue of the Pharmacopœia I know of no remedy equal to strychnia as a tonic when the nervous system is unduly depressed and the patient is nervous and low-spirited. Its value in cases of rheumatic gout, in which these symptoms are often very distressing, can scarcely be over-estimated; for it certainly produces effects which you may seek in vain from quinine and other vegetable bitters. It seems to rouse and invigorate the patient by stimulating the nervous system, and thus indirectly promoting increased activity of the various functions of the body. Be this as it may, you will do well to remember that when a patient is suffering from depression of spirits and nervous exhaustion, strychnine will often furnish very valuable assistance.

One word before we part as to the administration of malt liquor and alcoholic stimulants. In all the three cases to which I have directed your attention to-day, a pint of porter was given daily. This is contrary to the generally received opinion respecting the action of malt liquor in rheumatism; for I find that in almost every case which comes under my observation beer of all kinds has been strictly prohibited. Experience, however, has shown me that in cases of rheumatic gout malt liquor is usually serviceable, provided only that the kidneys

are acting freely and the urine is clear. When the urine is scanty or turbid, beer is apt to disagree and heat the patient, and therefore should be prohibited. But even under these circumstances some alcoholic stimulant is needed to sustain the patient's strength, and so to promote the due performance of her functions; and nothing answers better than brandy, gin, or whisky. If the patient evinces a strong repugnance to spirits, some dry sherry, or claret, or Rhine wine may be tried in conjunction with potash or soda water; but in most instances in which malt liquor disagrees, the administration of wine will prove unsatisfactory, and brandy or some other spirit must be prescribed.

CONTRIBUTIONS TO THE PRACTICAL SURGERY OF THE DISEASES OF CHILDHOOD.

BY TIMOTHY HOLMES, M.A. CANTAB.,
SURGEON TO THE HOSPITAL FOR SICK CHILDREN.

II. ON EXCISION OF THE ELBOW IN CHILDHOOD; WITH NOTES OF A SERIES OF CASES IN WHICH THAT OPERATION HAD BEEN PERFORMED.*

THE practice of this hospital involves the treatment of a large number of chronic diseases of the joints, chiefly strumous, and consequently the question of the possibility of preserving the joint, or the propriety of excision or of amputation, is one which is constantly occurring. Now, I believe that it will be admitted that the limb and the life of the patient can be preserved in a very large majority, perhaps in almost all such cases, even when the disorganization has proceeded to a very great extent, if only the limb be kept rigidly at rest, with sufficient exit for discharge and fragments of crumbling bone, and with proper diet and medical treatment. I do not go so far as a distinguished provincial surgeon whom I met the other day, and who told me that every patient whom he had had under his treatment for more than ten years past for chronic disease of a joint is now alive, without any operation having been performed on the joint, and the great majority with a firm and useful limb, with the exception of one who had died of phthisis. I quite agree, however, in the general conclusion which this gentleman intended to enforce—viz., that the termination of most of these cases will be in anchylosis, if they are properly managed and kept under the treatment above indicated for a sufficient length of time; and this termination may be more confidently anticipated in the child than in the adult—at least in such cases as would alone be fit subjects for excision—namely, those in which the absence of visceral disorder, and the limited extent to which the bones are affected, render the operation justifiable. Hence neither excision of the knee nor amputation of the thigh is, I am happy to say, often practised at this hospital. But it is an error to suppose that this practice may not be carried too far. I had occasion not a great while ago to regret having too long persisted in the attempt to save a diseased knee—until the child had not strength to rally from amputation, when that measure became inevitable. And on examining the body after death, I found (what, indeed, the symptoms showed during life) that the local lesions were the sole cause of death. I have seen the same mistake committed more than once in the adult. In children chronic disease in all the large joints, except the hip, is far more manageable: recovery is the rule; and in many cases the loss of motion is surprisingly slight, even after long-continued suppuration. After the freest openings into the knee-joint, through which the finger could be readily passed into the articulation, I have seen the child recover, if with anchylosis, at any rate with so soft an anchylosis as to allow of very useful motion. But the process is one which will demand a good deal of time, very careful attention to position and bandaging, and a liberal and judicious treatment. Now this it is not always in our power to afford. Having, by patience during some two or three months, succeeded in overcoming any accidental aggravation of the disease, and reduced it into a perfectly quiescent condition, we find it our duty, considering the claims upon our hospital beds, to make the child an out-patient, and entrust it to the care of its parents. But the parents of very few of our patients are in sufficiently good circumstances, and at the same time persons of sufficient intelligence and care, to follow out satisfactorily the instructions they receive from us for feeding and clothing the child properly, for preserving him from accidental violence, for keeping his limb at rest, and allowing him enough fresh air without too much exertion of the diseased joint; and by a neglect of some of these precautions, the disease is lighted up afresh; and so, although, theoretically speaking, it may be a curable affection, yet, practically, it is not cured. Another consideration of not less practical moment is the great length of time which must be spent upon the natural cure; the disability and loss of the joint which must follow during the whole of that period, and the incapacity for writing and other educational pursuits which this may involve, when the elbow is the joint affected: whereby much of the most necessary period of childhood may be wasted. And at the end of all this, what is the value of the limb which is saved, in cases of strumous disease of the elbow? I have no hesitation in saying that it will usually be less than that of an arm in which a successful excision has been practised: for in the elbow-joint the bony surfaces are not very extensive, the ligaments are somewhat complicated, and the muscles inserted around the joint are very powerful, and more or less of dislocation usually follows upon prolonged suppuration, the head of the radius being very often the most displaced. After such displacement the joint cannot be expected to regain any extensive range of motion, although bony anchylosis will probably not occur at an early age. The prospect, then, of this inferior amount of usefulness at the end of a tedious and uncertain convalescence may reasonably make us more inclined to recommend an operation in which, after a comparatively short time, the joint will in all probability recover a larger range of motion than after the most successful result of the expectant plan, and, with the freer motion, will also recover more of muscular power. I have never, however, ventured to recommend excision on account of mere loss of motion after disease has ceased, although a short time since I saw a case in which such an operation might very reasonably have been performed. The patient was a labouring man, and had been a soldier. In the Caffre war, more than ten years ago, he had received a bullet-wound in the right elbow. The shot had passed clean through the joint, some fragments had exfoliated, the arm had been most successfully treated, but unfortunately remained in the extended instead of the flexed position, so that the poor fellow had to carry about a limb which was as straight and as rigid as a poker. The anchylosis seemed perfectly bony; the muscles were much wasted. He was so far reconciled to his condition as not to press for any operation. Had he done so, I should have been disposed to yield to his request; but it is hardly wise to press an operation, which is not free from risk, and the issue of which must be admitted to be uncertain, upon a patient whose general and local health is good, and his condition not intolerable. In strumous diseases of the elbow, however, when an abscess leads into the cavity of the joint and exposes diseased bone, and the disease appears still in progress, I have no difficulty in recommending excision in hospital practice; and if there is much pain, and that lateral movement of the joint which Mr. Fergusson justly dwells on as the best evidence of its total disorganization, the operation appears to me to be imperatively demanded. I am not at all particular as to the incision by which the bones are exposed, or the instruments by which they are divided. I observe that I have recently given much offence to Mr. Butcher, of Dublin, by having spoken, as he conceives, slightingly of the saw which is known by his name. I regret this, for I have a sincere admiration for many things which Mr. Butcher has done; but after having used "Butcher's saw" occasionally in excisions, I have come to the conclusion that it does not offer any advantages over the saws in common use, while it appears to me cumbrous from the want of proportion between the large, heavy frame and the thin, narrow blade, and liable to get out of gear from its complicated construction.* Consequently, I always use a narrow-bladed, or key-hole, saw in excisions of the elbow or hip in childhood; while in excisions of the knee, or in operations in the adult, the common amputating saw answers every purpose.

* Being the substance of a Clinical Lecture delivered at the Hospital July 1st, 1863, when the results of the operation were shown by exhibiting the patients to the class.

* Mr. Butcher appears much surprised at my saying that the blade is apt to shake loose and to bend. Of course, I do not mean that this can happen if the screw at the back is quite firm, and is kept carefully tightened; but in surgical operations we rather frequently see "a screw loose," and I cannot help thinking that the simplest instruments are generally the best.

The series of cases, which I am about to relate as briefly as possible, comprises all the excisions of the elbow which I have myself performed at this hospital. They will illustrate several of the chief points connected with the operation. The first was unfortunate in its issue, and is the only case in which I have ever seen a fatal result which could be connected with the operation; and even here the long time which elapsed between the operation and the first attack of convulsions, the great frequency of convulsions after any irritation in childhood, and the presence of a large mass of disease in the thymus gland, render it doubtful whether death was really attributable to the operation.

CASE 1.—Henry A——, aged four years and a half, was operated on Nov. 14th, 1859. He had been long under treatment as an out-patient, and had had disease of the left elbow ever since he was fourteen months old. The arm was almost stiff in a nearly straight position; sinuses led down to diseased bone in the situation of the end of the humerus; the olecranon was displaced below the inner condyle, and hidden in a large mass of new bone. An attempt had been made under chloroform to bring the elbow into a more favourable position, but had failed. The general health was good, so far as was known. The operation was tedious on account of the close connexion between the ends of the bones. The ulna was so firmly united to the radius as to require the bone-nippers to sever the connexion, and the bones could only be extracted piecemeal. Caries extended down the ulna to below the sigmoid cavity. The humerus was less diseased. Finally the ends of the bones were cut smooth, and the arm put on a splint at right angles. Not much blood was lost. He went on pretty well for two days, complaining only of pain in the wound, which had been united loosely with silver sutures. On the removal of the sutures, a free discharge was procured, and he seemed much relieved. He soon, however, passed into a most unsatisfactory condition. The tongue was foul, he was very restless, the pulse weak, the expression heavy and distressed; there was frequent vomiting after meals, with great prostration. The wound at the same time looked healthy, and began to close. Stimulants seemed in some measure to benefit him, but the relief was transient. He was seized with convulsions (for the first time in his life, so far as I could ascertain) on Nov. 30th, the sixteenth day after the operation, and he died, after frequent fits, on Dec. 1st.

Post-mortem examination showed the brain very vascular, with slight extravasation here and there in the meshes of the pia mater, but without any morbid deposit, or any trace of inflammation. All the viscera of the chest and abdomen were healthy, except that in the thymus gland was a mass of crude tubercle about as large as a walnut. The bones of the elbow were in good position, and seemed healthy; but there was no commencement of union.

CASE 2.—John N——, aged nine, was brought as an out-patient in April, 1861. It seemed that he had had a disease of the left elbow ever since he was a year old. His friends absurdly attributed this to vaccination, which had been performed at the usual time. He had been under all kinds of treatment, but the disease got worse, and abscesses had been open for two years. He had also had a bad cough (which was now well), and had had strumous affections of various parts of the body. There was still disease of the metacarpus on the same side as the affected elbow. The chest, on being carefully examined, was found free from any physical signs of disease. The elbow was bent to a right angle, and was very painful and much swollen. An angry-looking opening led straight down to exposed bone near the outer condyle, and thence the probe passed directly through the joint. The outer part of the olecranon was also exposed, and other sinuses existed around the part. The thickening was extreme over the joint. It extended about an inch and a half on either side of the prominence of the elbow. The pain was so great as to prevent sleep, and was rapidly wearing down his health.

Excision was performed on April 20th. On exposing the ends of the bones (which was rather difficult on account of the great thickening), the ulna and radius were found to have been carried backwards and outwards, and were closely united. The head of the radius was removed, and the ulna sawn through below the sigmoid notch; but as it was found that the section ran through the cavity of an abscess, another piece was taken off, about half an inch lower, and even here the bone was much softened. More than an inch of the end of the humerus was removed, and this bone also was much softened at the level of the section. The radius was divided with the bone-nippers in the early stage of the operation, and after the second section of the ulna, an additional piece was taken off this bone at the same level. Both sections were so extremely softened that it seemed as if the condition of this bone alone would preclude the success of the operation. The bone resembled a reed, with soft walls and sanious pulpy contents. The question of amputation was even mooted. The arm was put on a splint, at an angle of about 130°, and the wound, which was of the H shape, lightly united. It soon opened, giving exit to very sanious discharge, and the end of the radius protruded, but was soon covered by granulations. The relief to the pain and the improvement of the general health were soon manifest. The wound contracted rapidly, but sinuses remained open for many months. The parts, however, consolidated, and in a few months he began to use his arm. In August, 1861, it is noted that he had discontinued the splint for some time, and that a little passive motion is being used. At that time he could raise the hand to the mouth, could swing the arm freely and without pain, and could even pronate and supinate the hand, though only to a slight extent, and chiefly by the movement of the humerus. The sores remained open in February, 1862, and, in fact, for some time afterwards; but the extent of motion continued to increase. At the present time (July, 1863,) the wounds are all healed. He can use the arm operated on almost as freely as the sound one, though with much less power—can touch his shoulder with his hand, and nearly straighten the arm; enjoys a good deal of apparent (though not real) power of pronation and supination; and, in fact, has all the use of the arm that its diminished muscular power, the result of long disuse, will allow. The metacarpal bones are still carious. He is still weak and pale, but free from any evidence of active disease. The portions of bone removed are preserved in the museum of the hospital.

Few cases could be more discouraging at first sight for excision than the one of which a short abstract has just been presented. The weak and distressed condition of the patient, the long persistence of the disease, and the great extent of the thickening, rendered the surgeons who saw the case before operation doubtful of the probable success of excision; and at the time of the operation the great amount of softening in the bones at the point of section still further increased the fears that were entertained of a good result. Notwithstanding all this, however,—in spite of the protrusion of the radius after the operation, and of the adherence of the scar to the bones in several places; in spite also of the boy's weakly condition, of the persistence of sinuses over the divided bones for at least a year, and of disease in other parts of the limb,—the result may be said to be as good as the originally diseased condition of the limb, with its atrophied muscles, disused since the first year of life, rendered possible; and it is a forcible example of the propriety of going to all reasonable lengths in the preservation of the arm at this early period of life.

CASE 3.—John P——, aged eight, admitted Nov. 1861, on account of disease of the right elbow, which had existed for about a year, without known cause. The disease was at first attended with much pain, but the pain subsided on the bursting of an abscess, about six months before admission. The discharge had continued ever since. He had no use of the limb. On admission, two openings were found, both leading down to denuded bone: one, as well as could be judged, near the outer condyle; the other, on the front surface of the lower end of the bone. The parts around the joint were swollen. Excision was performed Dec. 3rd. The only disease of the bone was in the external condyle, where the cartilage was quite removed, and the bone ulcerated over about half the extent of the end of the humerus; but the bones of the forearm were quite healthy. It was thought better, however, to remove the end of the humerus above the external condyle, and the ulna below the sigmoid notch; the head of the radius was also cut off. The synovial membrane, which was in an advanced state of strumous degeneration, was cleared away. The sinus which led down on to the anterior surface of the humerus was now explored, and it was found that the exposed surface was more than an inch above the level of the section, and that to remove this part of the bone would require a very extensive operation, while the surface of bone exposed was but small; and it was thought possible that the exposure might be merely the result of suppuration caused by the disease in the joint. It was therefore decided not to meddle with it.

He had a rather severe attack of "surgical fever" after the operation, but this subsided on the establishment of free suppuration. The wound, however, gaped a good deal, and the end of the humerus was exposed for a short time; but this state of things soon mended, the boy improved in condition and in spirits, and the wound began to unite. On Jan. 11th it was noted that he could support the hand without assistance; and now passive motion was commenced. Towards the end of

February he left the hospital, the wound being healed, and there being manifest though not extensive mobility. His parents were ordered to bring him from time to time in order to have the motion of the joint tested, and to give it passive motion daily. This, however, they omitted to do; and after a few weeks nothing more was heard of the boy till July 1st, 1863, when he was induced to come to the hospital by a letter addressed to his parents. The parts around the joint (including the sinus which led down on to the front of the humerus) were found soundly healed. There was a good deal of movement of the bones on each other, and passive motion gave no pain, so that it was evident that careful passive motion would increase the mobility of the limb to any extent; and the importance of this was again urged on the child's mother. It seemed, however, that she was so satisfied with the cessation of active disease that she was not much alive to the importance of improved mobility. Still she promised to attend to what was said.

In this case, the disease which was found in the joint at the operation was certainly much less than what was expected from the history and the examination. It is rare indeed (at least if I can trust my own experience and what I can gather from reading) that disease should exist in a joint for a year, with abscesses open for half that period, and that the probe should pass completely through the joint, striking exposed bone in its way, yet that the mischief should be limited to pulpy degeneration of the synovial membrane, with ulceration of cartilage and exposure of bone in one part only. Nor can it be denied that this condition of things is perfectly curable by an appropriate and sufficiently protracted treatment. Yet I would refer to what was said above, and to the result of the case, even under the imperfect attention which the child has received, as proving that even in this condition the cure was more speedy, and the resulting union between the bones more movable, than that which must have followed the cure by anchylosis. I am aware, however, that the risks of the operation ought not to be omitted from consideration. Another interesting feature in the case is the exposure of a portion of the humerus in the vicinity of the joint, and the complete subsidence of this disease on the removal of the principal source of irritation.

CASE 4.—Jane H——, aged two years and nine months, was admitted on June 25th, 1862, on account of disease of the right elbow, which had existed for half a year, and had been accompanied by abscess during the last two months. On admission, the soft parts were much swollen, and there was an opening near the outer condyle, but of insufficient size, so that much matter was confined around it. This seemed to cause a good deal of pain, which was relieved by a freer opening. Under chloroform, the probe was found to pass completely through the cavity of the joint, and a large surface of bone, chiefly at the back of the humerus, was felt exposed. Excision was performed on July 5th by the T incision, under the influence of ether. The humerus was removed just above the condyles, the surface of the section being healthy. Its articular surface was greatly ulcerated. The sigmoid cavity of the ulna was also removed, and was much ulcerated. A good deal of pain was complained of after the operation, and was alleviated by the application of bags of ice. The child was very weak and low, and appeared to be distressed by confinement to bed. Accordingly in a week she was allowed to leave her bed. Small doses of quinine and sulphate of iron were given, and she soon began to improve and the wound to heal. On the 28th, however, (three weeks after the operation,) she was attacked by measles, which she caught from another child in the ward; double pneumonia supervened, and she died on Aug. 1st.

On post-mortem examination, it was noted that the limb was well nourished and in excellent position; the wound nearly healed. The ends of the bones were connected by firm bands of ligamentous tissue, and the osseous surfaces were not too widely apart. Between the bones, and enclosed in meshes of thick areolar tissue, was a small and circumscribed collection of puriform matter. Encircling the end of the humerus was a layer of recent bone, about a quarter of an inch in thickness. The other post-mortem appearances were those usually noticed in fatal cases of measles.

In this case the fatal result was a mere accident, at a time when everything appeared to promise a favourable issue—in fact, when recovery was nearly complete. The kind of union was that which is, I believe, the more common after excision of the elbow—namely, by ligamentous adhesion or soft anchylosis; the formation of a false joint, as in Mr. Syme's well-known case,* though the more desirable, seems to be the less common event. I regret that, in consequence of my absence from London at the time of the patient's death, the parts were not preserved.

CASE 5.—Arthur B——, aged nine, a delicate and weakly child, admitted in March, 1863, on account of disease of the elbow of two years' standing, referred to an injury. There had been great swelling and great pain, and an abscess had formed, and had been discharging for more than a year; but the pain and swelling had subsided, and the arm had been quite stiff for the last five months. The limb was nearly extended, and only very slight flexion was possible; pronation and supination were quite lost. Two sinuses led through the joint, all the surfaces of which were bare and rough. There was only slight mucopurulent discharge.

Excision was performed on March 31st by the T incision. The ends of the humerus and the ulna were found almost entirely denuded, and parts of their surface were necrosed. The section was just below the coronoid process of the ulna, and through the radius at the same level. The humerus was divided above the condyles. The arm was put at an obtuse angle on a leather splint. The wound healed slowly, and in fact at the present time, three months after the operation, is not perfectly closed, though the bones appear to have been covered over long since. There is a fair amount of voluntary motion for the period, and passive motion is tolerably free; but he is very timid. The sound arm is occasionally tied up, in order to compel him to use the one operated on, and passive motion is daily used.

A few days afterwards the child was put under the influence of chloroform. Pronation and supination were readily effected. There was some resistance to flexion and extension beyond a limited degree; but with very slight force the arm was moved through about half its natural range, and no doubt the whole range of motion could, with more expenditure of force, have been easily obtained; but it was not thought prudent to do too much at first. His health appears much improved since the operation.

In this case there was a good deal of anchylosis between the bones—i. e., an attempt at a natural cure, although only an imperfect one, as the disease in the bones appeared almost too extensive to allow of its perfect success; still it is possible that after the exfoliation of the necrosed articular surfaces the sores might have closed, and the bones become firmly united. But if so, how inferior in utility the limb would have been to that which has been obtained by excision! Even at the present period the arm is very much more movable than it ever could have become after anchylosis (if indeed any motion at all would have been thus preserved); and it must be remembered that, in children especially, after successful excision of the elbow, the amount of motion which is at first regained is trifling compared to what is ultimately established when the limb has been some months in exercise, and the muscles have recovered more of their natural strength. The timidity of children also masks to a great extent the motion which the elbow really enjoys.

CASE 6.—Alfred B——, aged five, was admitted May 11th, 1863. He was an ill-nourished boy, fair and very pale, with a decidedly strumous aspect. The disease was of nearly two years' standing, and attributed to repeated accident. The arm (right) had been quite useless, and abscess had formed for about half a year. On admission the abscess occupied the whole extent of the front of the forearm, pointing over the wrist. The abscess in the forearm was opened in several places, but found to be superficial only, and to run up towards the front of the elbow. A puffy swelling which was detected on the outer side of the olecranon was then cut into, and found to lead directly into the cavity of the elbow joint, the surfaces of which were exposed and rough, and grated on each other on passive motion. Excision was performed May 18th, with a T-shaped incision. About three-quarters of an inch of the upper end of the ulna was removed, and was found extensively ulcerated, and the head and neck of the radius (which was less diseased) was cut off at the same level; the end of the humerus was removed above the condyles. The disease in this latter bone was limited to its articular surface.

As there were several openings in the front of the forearm, it was thought that it would be convenient to treat the case without a splint. The wound was accordingly brought together with silver sutures, and the arm placed in a flexed position on a pillow. Things went on well for five days, but on the 23rd the humerus was seen to project slightly from the wound, the sutures having cut themselves out. Attempts were made to repress this by means of strapping, but next day all three bones were found to have protruded from the wound, each to the extent of about half an inch, this having been the effect of a

* THE LANCET, vol. i. 1856, p. 231.

sudden movement during sleep. A small portion of the lower end of the humerus was denuded. Chloroform was administered, and the parts put into good position again upon a splint. Since then everything has gone on well. The small denuded part of the humerus exfoliated on June 7th. The wound is now nearly healed; all the openings of the abscess are closed, and the boy runs about, and is greatly improved in health. The bones are very movable on each other.

(Since this was written, a large mass of strumous glands has formed in the axilla and run on to abscess. This almost precludes the use of the arm; but passive motion between the bones is extensive and painless.)

Remarks on the above series of cases.—This series of cases has been brought forward, not as presenting any unusual features, but rather because they illustrate in practice a great many of the points connected with the operation which are most usual, and, therefore, most necessary to be attended to—viz., the risk which attends this and all other operations performed upon weakly and diseased children, and the great fatality of convulsions in such cases (Case 1); the large amount of bone which may be removed with prospect of a useful limb (Case 2); the fact that the softened condition, induced by strumous disease in the shaft of the bone, is not a fatal obstacle to the success of the operation (Case 2); the superiority of the limb after excision to its probable condition after natural cure (Cases 2 & 5); the importance of passive motion when only a small quantity of bone is removed (Cases 3 & 5); on the contrary, its needlessness when the quantity removed is considerable (Case 2, and, probably, Case 6); the extent of disease which may be set up in the soft parts from disease limited to the elbow, and the fact that this is no contraindication to the success of excision (Cases 2 and *); the possibility of finding neighbouring parts of bone exposed, in consequence of the mere extension of abscesses from the diseased joint, without any substantial disease of that bone (Case 3); the very slight symptoms which usually follow the operation in childhood (all the cases after the first); the usual method of union after the operation (Case 4); the risks sometimes attending the after-treatment without splints (Case 6). And, finally, the whole series shows the unimportance of several matters in the way of performing the operation which are sometimes dwelt on as of great moment. The ulnar nerve is hardly ever seen, if care be taken to keep close to the bone in clearing the inner condyle of the humerus. (It was not seen in any of the above cases, nor wounded in any.) The precise direction in which incisions are made appears to me quite a matter of indifference, though I am rather disposed to use the ⊢-shaped wound, the vertical part on the outside; and, finally, complicated or special apparatus are quite unnecessary. In children a pair of lion-forceps, a key-hole saw, and bone-nippers, are all that will be wanted.

Queen-street, May-fair, Sept. 1863.

ON THE THERAPEUTIC PROPERTIES OF CARBOLIC ACID.

BY GRACE CALVERT, PH.D., F.R.S.

I DEEM it my duty to draw the attention of the medical profession to the valuable therapeutic properties of carbolic acid, which I have during the last two years brought under the notice of some of the leading medical practitioners of Manchester and London. Before giving particulars of the chief applications of this substance which have been made by these gentlemen, I will first state what carbolic acid really is.

Carbolic acid, hydrated oxide of phenyle, or phenic acid, is a white substance, which crystallizes in long prisms, fusible at 93° Fahr., and boiling at 370°. It has a slight tarry and aromatic smell, resembling that of wood creosote, and is freely soluble in alcohol, ether, and glycerine, partially so in glacial acetic acid, and only slightly so in water, of which 100 parts will dissolve only three parts of carbolic acid. It is easily prepared by treating the oils of tar, which distil between 350° and 400°, with caustic lye, removing the caustic lye solution from the neutral oils, and adding hydrochloric acid to the alkaline solution, when the carbolic acid is liberated, and rises to the surface as an oily fluid, from which, by distillation, the above-mentioned therapeutic agent is obtained.

My friend and colleague, Thomas Turner, Esq., F.R.C.S., and Senior Surgeon at the Manchester Royal Infirmary, read, at the last meeting of the Lancashire and Cheshire Branch of the British Medical Association, a lengthy paper "On the Uses of Carbolic Acid as a Remedial Agent," from which I extract the following:—

"In cases of relaxation of the mucous surfaces, the solution of carbolic acid in glycerine, applied by means of a brush or sponge, is most beneficial. Thus its use is indicated in polypi of the nostrils, as well as ozæna, and in all putrid discharges from the mouth, throat, nostrils, ears, rectum, and vagina.

"I shall next call your attention to the use of carbolic acid in *Diphtheria*, in which disease it is a most valuable remedy used topically to the throat. . . . . To apply it I use a sponge mop, which should be used freely, but not saturated, lest a drop should fall into the larynx. The escharotic effect of carbolic acid is confined to the surface to which it is applied, there being no spreading to the contiguous parts, which may happen in the case of nitric acid. The aqueous solution of carbolic acid may be also used as a gargle.

"*Ulcers.*—I apply carbolic acid in different degrees of solution, according to the character of the sore, to carbuncle and ill-conditioned sores.

"*Fistulæ.*—I apply it by means of a wax taper used in lighting gas, or, if the size of the fistula will admit of it, I use a catgut or wax bougie, taking care to carry it to the bottom of the fistula. I have never succeeded in anal fistula where there is a communication with the gut. In these cases an operation is still necessary.

"*Hæmorrhoids.*—The action of carbolic acid is mainly to corrugate, and therefore to obliterate, the sac of the pile. It coagulates the contents, which may be squeezed out; and by corrugation it empties the pile, by which the two surfaces are brought into contact, and thus the sac is obliterated."

Mr. Turner also, in a private note to me, speaks of the use of carbolic acid to fetid ulcers in the following terms:—"It may be advantageously used, as a solution of one part of acid in forty parts of water, in fetid ill-conditioned ulcers. It alters the action of the bloodvessels, causing a purulent instead of a sanious discharge, and destroys almost immediately the offensive smell of the secretion. In ulcers having a communication with carious bone, or even necrosis (where the bone is dead), it has, in its diluted state, a good effect when injected into the sinuses leading to the diseased bones. When there is mere caries or ulceration of the bone, it effects the healing process, and in necrosis it promotes the exfoliation of the dead portion. In gangrenous and all offensive sores, it removes all disagreeable smell and putrescency, and may render the discharge innocuous to the contiguous living and unaffected tissues. In its diluted state, therefore, it is a great boon to patients labouring under that class of disease."

When Mr. Turner wishes to employ carbolic acid in a less diluted state than the aqueous solution, and yet not in its full strength as a caustic, he prefers the following solution. He mixes two drachms of pure carbolic acid in one drachm of liquor potassæ and half a pint of water.

It is with pleasure that I am able to add that Mr. Oscar Clayton, F.R.C.S., and Mr. Campbell De Morgan, F.R.C.S., have informed me of several successful applications which they have made of carbolic acid, confirming many of the results of Mr. Turner's, above described.

Mr. Oscar Clayton states that in two cases of fetor of breath, arising from a diseased state of the mucous membrane covering the tonsils, he applied to the parts a mixture of equal proportions of glycerine and carbolic acid, and with perfect success.

Mr. Campbell De Morgan has also applied the glycerine solution of carbolic acid with success to several cases of lupus.

Dr. James Whitehead, of Manchester, prefers treating this disease (lupus) with an ointment made of half a drachm of carbolic acid to one ounce of spermaceti ointment.

Mr. Oscar Clayton has also successfully employed the aqueous solution to several skin diseases—viz., lepra, tinea capitis, rupia, &c.

Dr. Roberts and other medical men have employed carbolic acid with advantage internally for dyspepsia and other derangements of digestion.

Dr. Pattison, of St. John's-wood, writes to me as follows:—"I have prescribed your carbolic acid in several cases of fungoid disease during the last nine months with marked success. In three cases of fungus hæmatodes in which I employed it, the disease in all was checked in a remarkable manner. A thick crust was speedily formed on the ulcerated and bleeding surfaces, the exhausting discharges were completely arrested, and in one case there was great diminution in the size of the

fungous mass. Your carbolic acid is almost a specific in cases of anthrax."

I also think it well to insert the following remarks from Dr. Thomas Hughes, M.R.C.S., F.S.A., London:—"Sir: I have used Dr. Calvert's carbolic acid as an external application in cases of sloughing wounds with the most marvellous effect; and in no case was its effect more strikingly manifest than in the case of Rogers, one of your miners, who received such a contusion of the hand as to destroy the arteries leading to the index and little fingers; and, in spite of every effort made to restore the circulation in the fingers, sloughing took place, and which appeared to spread and extend to the hand and arm with such rapidity that if it had not been for the timely application of the carbolic acid the man would have lost his arm from the most destructive sloughing I ever witnessed. The effect of carbolic acid was so decidedly marked as to leave no doubt of its wonderful effects in checking the spreading of sloughing, and in accelerating the separation of slough. It seemed also to have the effect of promoting the growth of granulations, and hastening the healing of the wounds. I have used carbolic acid in several other cases with the same happy effect.

"Amlwch, Aug. 29th, 1863."

I have found it very successful in one or two cases of intestinal worms, given in doses of a teaspoonful of the aqueous solution in a tumbler of water morning and evening. I have also applied the water solution externally with perfect success in several cases of spots.

Two eminent French physiologists, MM. Gratiolet and Lemaire, have published a most interesting paper on the Action of Carbolic Acid in arresting Putrefaction; and they have made the important observation that, whilst it does not interfere with chemical fermentations, such as the conversion of amygdaline into hydruret of benzoile, and the conversion of myronic acid by myrosyne, it completely arrests all vegetable and animal fermentations which arise from cryptogamic life. They have also observed that when carbolic acid is mixed with the vaccine virus, it entirely prevents its peculiar action upon animal organization.

These valuable observations of MM. Gratiolet and Lemaire strongly impress me with the idea that the use of carbolic acid might prove of great advantage in the early stages of consumption, if applied in the following manner—viz., by making the patient frequently inhale the vapour of the acid by means of an inhaler containing some cotton-wool saturated with the acid so that the inspired air must pass through the wool. I would at the same time administer a teaspoonful of the aqueous solution mixed with two ounces of peppermint-water three times a day. I think also that the same treatment might be advantageously tried in cases of scarlatina and typhoid fever, with the addition of saturating the air of the chamber as far as possible with the vapour, by placing lint or wool steeped in carbolic acid in various parts of the room. I would also administer once a day an enema consisting of a weak solution of carbolic acid.

Royal Institution, Manchester, Sept. 1863.

REPORT OF A CASE
OF
EXTREME MOBILITY OF BOTH KIDNEYS.

BY G. H. PHILIPSON, B.A., M.B. CANTAB., &c.

MARY J——, aged forty-two, married, the mother of ten children, came under my observation on the 9th of June, 1863. For the last ten years the patient has felt a tumour in the right side of the abdomen, about the size of a turkey's egg; and within the last few years she became aware that a similar tumour existed in the left side. Sometimes she was not able to discover either tumour, and therefore imagined that the swelling moved from side to side, or that it disappeared at times. She has never suffered pain or other symptom in connexion with the tumours, nor has any increase in size taken place. During the last few years she has become extremely nervous and excitable, passing sleepless nights, imagining she was the subject of some serious disease.

Upon examination, a tumour is easily discovered in each lumbar region upon relaxation of the abdominal parietes. Their form and size resemble the kidneys, smooth on the surface, with a distinct rounded and hollowed border. When the hand is placed upon either tumour, no pain is felt; but upon rather firm pressure, a peculiar sickly sensation is complained of. These tumours are distinctly movable, especially downwards and forwards, in the latter direction as far as the outer border of the rectus abdominis muscle. During the examination, the tumours once or twice glided away, and were again to be sought for. The urine perfectly normal; the lungs and heart healthy.

The patient is very nervous, and apprehensive of her condition, frequently shedding tears during the examination. For some time her appetite has been very bad, and she has lost flesh considerably; tongue moist, covered with a white fur. She was assured that no disease existed, and that these supposed tumours were to her a natural condition, being an "extreme mobility of the kidneys." A change of air and scene was recommended, with the administration of a mild tonic.

July 19th.—A great improvement, much less nervous, sleeps now comfortably, appetite greatly improved, a corresponding increase in bodily strength, cheerful and happy, having nearly forgot all her former anxieties. The condition of the kidneys the same as on the former examination.

The diagnosis was materially aided by the history which the patient gave, the existence of a movable tumour in each lumbar region, the absence of pain, no increase of size, the uneasy sensations experienced upon pressure, and the healthy condition of the urine.

The case forcibly exemplifies the importance of recognising this condition, and the rapidity with which an improvement may occur in a highly nervous person, whose mind has become relieved, having been previously occupied with forebodings of ill.

Newcastle-upon-Tyne, September, 1863.

A Mirror
OF THE PRACTICE OF
MEDICINE AND SURGERY
IN THE
HOSPITALS OF LONDON.

Nulla autem est alia pro certo noscendi via, nisi quamplurimas et morborum, et dissectionum historias, tum aliorum, tum proprias collectas habere, et inter se comparare.—MORGAGNI *De Sed. et Caus. Morb.*, lib. iv. Proœmium.

UNIVERSITY COLLEGE HOSPITAL.
CASES OF WHOOPING-COUGH TREATED WITH BROMIDE OF AMMONIUM; CLINICAL REMARKS.

(Under the care of Dr. HARLEY.)

IT must still be fresh in the memory of our readers that Dr. Gibb discovered in the bromide of ammonium a most valuable pharyngeal and laryngeal anæsthetic; and it is this special character of the remedy which Dr. Harley has endeavoured to turn to useful practical account in the treatment of pertussis. During the last six months a very great number of children have suffered from whooping-cough; and every general practitioner, as well as hospital physician, knows that the success in the treatment of this troublesome affection has not at all been in proportion to our experience of the disease. Indeed, as Dr. Harley in his clinical remarks observed, there are few diseases the diagnosis of which is so easy, the pathology so obscure, and the treatment so uncertain, as those of common whooping-cough. Specifics in abundance have been at various times proposed; but one after another, after a year or two's trial, has gradually fallen into disrepute. Although the pathology of whooping-cough is still very obscure, one thing, Dr. Harley says, is evident—namely, that the exciting cause of the whoop is the reflex irritation of the branches of the pneumogastric nerves. The pneumogastric nerves supply the glottis by means of their recurrent, the lungs by their pulmonary, the stomach by their gastric, and the diaphragm by their diaphragmatic branches; and let the nerve irritation originate where

may, one thing at least is clear—namely, that the immediate result is spasmodic action of all the parts supplied by the vagi. Thus it is we have the violent expulsive cough, followed by the spasmodic constriction of the glottis, impeding the free return of air to the lungs, and thereby producing the peculiar sound from which the disease takes its name. Next we have the spasmodic action of the stomach inducing vomiting, and that again is aided by the convulsive contractions of the diaphragmatic muscles. Such being Dr. Harley's views, his object in giving bromide of ammonium was to induce, if not semi-paralysis, at least partial insensibility, of the glottis, and thereby if possible prevent the occurrence of the spasm, which is undoubtedly the chief source of misery during the attack. His method of treatment is as follows:—

CASE 1.—February 5th, 1863: Eliza F——, a tolerably well-developed child, aged eighteen months, who had whooped for eight days, was first treated with five minims of tincture of belladonna and a quarter of a grain of sulphate of zinc in two drachms of water thrice a day.

Feb. 16th.—Cough just as before. There is dryness of the throat, showing that the belladonna has produced its specific effect. The treatment is now (on the fifteenth day of the disease) to be changed to five grains of the bromide of ammonium dissolved in water three times a day.

19th.—Cough, or rather the whoop, is already much better. To repeat the mixture.

27th.—The child no longer whoops, but has still a slight cough.

The bronchitic cough lasted till the 20th of March, when the child was dismissed as cured.

CASE 2.—Ellen S——, aged four years and four months, was brought to the hospital on the 5th of May. She had whooped during seven weeks, and had an ordinary catarrhal cough for fourteen days before the whoop commenced. She now whoops every time she coughs, which occurs about three or four times an hour, although she occasionally passes about an hour without coughing. The child was very stout before her illness began, and, although she is not yet emaciated, the mother says that she has lost a great deal of flesh. Skin hot; appetite very bad; bowels usually open twice a day. To have six grains of bromide of ammonium in two drachms of water three times a day.

May 8th.—To-day the mother states that after leaving the hospital on the 5th she carefully watched the child, and found that she whooped thirty-two times in three hours; but since taking the medicine the whoop has very much diminished, and to-day (third day of the bromide) the child has passed three hours without either coughing or whooping. To repeat the mixture.

This patient was not again brought to the hospital.

CASE 3.—Feb. 26th: H. W. O——, aged four years, began to whoop on the 22nd (four days ago). Had a catarrhal cough for ten days before he began to whoop. To take six grains of the bromide of ammonium in two drachms of water three times a day.

March 2nd.—The child has very much improved. Has only a very slight cough. The whoop has ceased. This is only the fourth day of the treatment, and the eighth of the disease.

CASE 4.—March 2nd: Brother (aged two years?) of last patient is now ill. He began to whoop on Feb. 25th (six days ago). He is also to be treated with the same medicine; but in order to try the effect of very small doses, only one grain and a half are to be taken thrice a day.

March 20th.—Child still whoops, though not so much as before.

27th.—Whoop ceased two days ago (twenty-fifth day of treatment, thirty-first day of the disease).

CASE 5.—March 27th: Third child (aged three years) in same family began to whoop on March 22nd (five days ago). Whoops three or four times a day, and four or five times during the night. As this child was under the same hygienic conditions as the two preceding cases, it was thought an excellent opportunity of still further testing the effects of different doses of the bromide, and accordingly three grains were ordered to be taken three times a day.

May 1st.—The mother did not bring the child back till to-day, and gave as her reason the fact of the child having ceased to whoop three weeks ago; that is, on the fourteenth day of the treatment, and the nineteenth of the disease. The catarrhal cough, however, still continued, and for this ipecacuanha wine and camphor mixture were ordered. The cough ceased a week later.

Dr. Harley remarked to the students that the remedy does not appear to act by removing the cough, but simply by preventing the occurrence of its chief and most disagreeable symptom—the whoop. It also appears that the larger the dose of the bromide the more speedy is the cure. To remove the catarrhal after-cough, an ordinary expectorant is all that is required.

Other six cases of whooping-cough were treated with the bromide; but as their histories are imperfect, we need not give them. The results of the preceding five cases are so encouraging, that it is to be hoped other gentlemen will follow Dr. Harley's example, and give the bromide of ammonium a fair trial.

WESTMINSTER HOSPITAL.

CASES OF WHOOPING-COUGH TREATED WITH THE BROMIDE OF AMMONIUM; CLINICAL REMARKS.

(Under the care of Dr. GIBB.)

OF the various diseases submitted to treatment by Dr. Gibb with the bromide of ammonium in 1862, whooping-cough was included amongst the number, and some twenty-two children were mostly cured by its administration alone at the West London Hospital. Since June last a certain number have been also treated at the Westminster Hospital, of which the following is a short summary:—

CASE 1.—Henry D——, aged seven, had whooped for two weeks, preceded by catarrh for ten days. The cough was so severe and the spasms were so prolonged that his mother stated he had been nearly choked several times. They occurred every hour, but more frequently towards night. Four grains of the bromide of ammonium were ordered three times a day. At the next visit the cough was better and the whoop less frequent, the spasms also were not so severe nor so frequent. At the third visit (seventh day of treatment) the whoop had ceased, the spasms had degenerated into a mild cough, and the pertussal nature of the disease had changed. She was now put on an ipecacuan mixture, which dispelled the cough in a few days, and she was cured.

CASE 2.—Sarah D——, aged two years and a half, sister of the above, the symptoms being similar, and commencing at the same period. She was ordered two-grain doses of the bromide thrice a day in a drachm of water. The whoop ceased sooner than in her brother, and she was well a week earlier, and convalesced more rapidly.

CASE 3.—Thomas C——, aged four, first applied on the 24th of June. He has had pertussis three weeks, with a whoop for ten days. The spasms were extremely violent, frequent, and prolonged, and were followed by hæmorrhage from the eyes and nose. The ocular conjunctivæ were red and chemosed from effused blood. One-grain doses of the bromide were given thrice a day in two drachms of aromatic mixture. All the active symptoms had subsided in three weeks, and the hæmorrhage ceased. He was then put upon quinine and iron, and quickly convalesced.

CASE 4.—Margaret H——, aged fourteen months. She has had pertussis four weeks, with a whoop for sixteen days. The symptoms were mild. Four grains of the bromide were ordered thrice a day in peppermint water. On the seventh day the cough was very much better, with little or no expectoration. She had whooped but once since taking the medicine. On the twenty-first day the whoop had gone, there was but little cough, and no expectoration. Her mother said "she had got on beautifully."

CASE 5.—Caroline O——, aged fourteen months. Had had pertussis one month, with the general symptoms mild, as in the preceding case. She was ordered three grains of the bromide in a drachm of ipecacuan mixture, and so quickly recovered that her mother did not think it worth while to bring her again after the second visit.

CASE 6.—Maria R——, aged four years. Ill six weeks with catarrh and whoop, the spasms being extremely frequent and very distressing. She was ordered six grains of the bromide thrice a day in peppermint water. This patient was very delicate, and, although the whoop slowly diminished, the cough remained persistent for some weeks, requiring other treatment to effect a cure, especially cod-liver oil.

CASE 7.—Ann R——, aged two years, sister of the above patient, with similar symptoms and equal duration of the pertussal complaint, was treated with half the dose of the bromide given to her sister. She improved more satisfactorily and much quicker, being comparatively well in three weeks.

CASE 8.—George A——, aged thirteen months. Had had pertussis two months. He was put on two-grain doses of the bromide three times a day. The whoop (not very frequent) ceased in twenty-four hours, and the spasms diminished in frequency and severity. The conclusion of the case was not known, as the mother ceased to attend.

CASE 9.—Ann M——, aged fifteen months. Ill with pertussis three weeks; and when first seen she was suffering with pain in the belly, was constantly moaning, and had some pneumonia of one lung. The whoop was not then frequent. She took three grains of the bromide of ammonium in a drachm of ipecacuan mixture four times a day, and was ordered a jacket poultice of linseed meal. She improved, and was better at the two next visits, and was then lost sight of.

CASE 10.—Henry B——, aged one year and five months. Had whooped one week only, and had the disease mildly. He was ordered three grains of the bromide in a drachm of ipecacuan mixture thrice a day, and in a week he was quite well.

CASE 11.—Emma Amelia S——, aged three years and eight months. Had had pertussis two weeks; she raved at night, and was feverish; the spasms occurred every two hours, and were so severe that, as her mother said, "she turned black in the face." Ordered four grains of the bromide in two drachms of water three times a day; with rhubarb, soda, and grey powder at night. She was better at the next visit, and then ceased to attend; whether she was cured or not is therefore uncertain.

In some clinical remarks made by Dr. Gibb, he stated that the foregoing cases were a few only that he had kept a note of, as showing the value of the bromide of ammonium in whooping-cough; and in some cases the results were satisfactory enough. If the little patients had been treated within the hospital wards, and carefully watched, the general results might have been more to be depended on; for although the children had mostly got well as out-door patients, yet they were liable to a recurrence of the disease on any unfavourable change of the weather, the result of their general exposure. Judging from his experience in these cases, and those also at the West London Hospital, he would say that whooping-cough, even in very bad cases, could be readily cured by the new salt of bromine; but, like many other remedies, it could not be expected to cure the disease invariably. Learning from experience the effects of the salt upon the mucous membrane of the entire body, but more especially of the upper respiratory tract, he thought that whooping-cough was one of those diseases that ought to be submitted to its influence, and in the general results he was not disappointed. As a permanent remedy, he had more faith in the dilute nitric acid given in pure syrup, when combined with topical application to the larynx of a solution of nitrate of silver; but as others had either found it useless or had not given it a trial, it was but right that other agents capable of curing the disease should be made known, and one of these was bromide of ammonium.

With regard to the dose: for infants, two or three grains three times a day are enough; to older children from four to eight grains may be given, and in some cases, where the symptoms are remarkably severe, even ten grains. The simpler the vehicle the better, but if there is a tendency to bronchial or pneumonic inflammation it should be combined with either a mixture or the wine of ipecacuan.

The special nervous symptoms seem to be more under the control of the drug than the catarrhal, for the spasms diminish in frequency and severity, and consequently the whoop is not so often heard, showing a subsidence of the active symptoms. *Pari passu*, the cure is not more speedy than from the dilute nitric acid in uncomplicated cases; nevertheless, it is worthy of a more extended trial, especially in severe and obstinate cases.

ST. BARTHOLOMEW'S HOSPITAL.

AMPUTATION OF THE BREAST OF A PREGNANT WOMAN FOR CARCINOMATOUS DISEASE.

(Under the care of Mr. SAVORY.)

ON Saturday, the 12th instant, a female, aged thirty-five, underwent amputation of her left breast for carcinomatous disease. As the operation and the malady are common enough in the situation mentioned, we should not have noticed the case, but that there was a fact of some importance associated with it. The patient was in the sixth month of utero-gestation. In pregnancy, as a rule, any operation at all, even the extraction of a tooth, is deferred until after the period of confinement, for the reason that it sometimes induces miscarriage or premature labour. But occasionally it is expedient to submit a patient to an operative proceeding when it is imperatively demanded by the peculiar exigencies of the case, and such were the circumstances here.

The patient had a cancer of the breast, which was rapidly growing, painful, and causing much inconvenience and discomfort; moreover, it would have been a source of great uneasiness to the mother to have been obliged to suckle her child with an apparently healthy breast, whilst the other was affected with malignant disease. These considerations, therefore, influenced Mr. Savory to undertake the operation, which was performed under the influence of chloroform. It was attended with some amount of hæmorrhage, explained by the fact that the cancer was fed by a large number of vessels, and the gland generally was much congested, as a necessary accompaniment to the pregnancy. The bleeding, however, was readily controlled by ligatures, and the wound closed.

At the present time the healing process is going on favourably, without any tendency fortunately to the occurrence of premature labour. It is not the first time that we have seen an operation of magnitude performed upon a pregnant female without being followed by untoward events.

LONDON HOSPITAL.

LITHOTRITY, AND LITHOTOMY FOR THE SECOND TIME, IN A MALE AGED SEVENTY-TWO; RECOVERY; CLINICAL REMARKS.

(Under the care of Mr. MAUNDER.)

S. P—— was submitted to lithotrity on Nov. 10th, 1861, and the calculus crushed. The operation was followed by very acute cystitis, and was not repeated. On Nov. 21st lateral lithotomy was performed, and five fragments of stone removed. On Sept. 2nd, 1863, the patient again presented himself at the hospital with symptoms of stone more aggravated than on the previous occasion. The sound readily detected a calculus, and two (phosphatic) were removed by the median operation on Sept. 3rd.

Mr. Maunder remarked to the class that the patient about to be submitted to operation had been lithotrized and cut once previously, and had made a good recovery. Lithotomy had been substituted for the crushing because the bladder had become so acutely inflamed after one attempt that it was not deemed prudent to repeat lithotrity. Judging from the past, he was not disposed to try lithotrity; and indeed such was impracticable now, owing to the irritable state of the bladder, the patient being unable to retain more than a tablespoonful of urine. The patient's age was seventy-two years and a half, but his history was favourable and his health good. The symptoms of calculus had existed altogether only two years and a half, and it might therefore be hoped that the kidneys were sound; indeed there was no evidence of organic disease whatever. The man was of a cheerful and hopeful disposition. At the same time his sufferings were great, micturition very frequent, and his rest much broken. Under the circumstances, he (Mr. Maunder) did not hesitate to repeat lithotomy. Having tried both the lateral and the median methods, he preferred the latter. Anatomically it was safer, because less important structures were severed by the knife, and the bloodvessels in the median line were small. There was little danger of pelvic urinary infiltration, presuming the prostatic capsule to be left intact. The operation itself was not difficult, and the interior of the bladder could be more readily examined by the finger; and unless the stone were large or multiple, necessitating bruising of the parts, there was no subsequent incontinence of urine, and consequently much less discomfort to the patient. There was one circumstance which would facilitate the completion of the operation: before withdrawing the knife after section of the soft parts, the probe, which was to serve as a guide to the finger, should be introduced into the groove of the staff by the *side* of the knife, otherwise the mere slit in the membranous portion would often be not readily found by the probe.

The man took his usual diet on the second day after the operation, and by the 18th September was quite convalescent.

HASLAR HOSPITAL is no longer to be used as a lunatic asylum, the patients having been removed to Yarmouth.

Reviews and Notices of Books.

NEW SYDENHAM SOCIETY.

Atlas of Portraits of Skin Diseases. Fasciculi I., II., and III. 1860—62.

A Guide to the Qualitative and Quantitative Analysis of the Urine. Designed especially for the Use of Medical Men. By Dr. C. NEUBAUER and Dr. J. VOGEL. Fourth Edition, considerably Altered and Enlarged; with Four Plates and Twenty-eight Woodcuts. Translated by W. O. MARKHAM, Physician to St. Mary's Hospital.

WE are glad to find from the report lately issued by the New Sydenham Society that it continues to prosper. Nevertheless, there has been a loss of 500 members in America during the last two years, materially diminishing the expected income, and leaving the Society with a considerable stock of volumes on hand. To some few this may be welcome, as all the works hitherto issued being in stock, new subscribers can obtain for five guineas the entire series of twenty volumes. Of the judicious selection and practical value of the treatises published by the Society there cannot be the least doubt; and although the learned character of the works which the original Society took under its wing cannot be disputed, the present issue far excels the past in direct and serviceable aims. The following extract from the report is worthy of notice:—

"The Society's 'Year-Book' having undergone very considerable modifications of plan in the endeavour to adapt it more closely to the wants of its readers, and the work having reached its fourth volume, the Council deemed it wise to make a general inquiry as to the desirability of continuing it. This has been done by forwarding to every member, together with his copy of the last volume, a circular, inquiring as to his approval or otherwise of the work. Of the replies received, nearly two-thirds have been in its favour; and in many instances members have taken the opportunity of expressing very strongly their opinions as to its great usefulness, more especially to those resident at a distance from large libraries. Under these circumstances the Council has felt no hesitation in giving effect to the wish of the Society, and a 'Year-Book' for 1863 is accordingly in preparation. The principle aimed at in the first 'Year-Book,' of endeavouring to furnish a complete classified catalogue of all publications during the year, has been abandoned as incompatible with the means at the Council's disposal, and not satisfactory to a large number of the subscribers. The editors of the several departments are now entrusted with full liberty of selection and exclusion, with the understanding that of all really important papers abstracts in detail shall be given, or even considerable extracts translated. It is hoped that in this way the 'Year-Book' may come to supersede, to some extent, the need for the issue of volumes of 'selected monographs.'"

Taking them "all in all," we have regarded Hebra's original plates of cutaneous diseases as the most satisfactory representations of a difficult subject which have hitherto appeared. We must candidly confess, however, that the copies and new plates of the Society are somewhat behind the originals. Still they are better, to our mind, than any other plates in use amongst us; and there cannot be a question as to the Society's issue being as popular as it is useful. It must be quite a boon to lecturers on medicine.

The last volume presented to the members is truly a good one, and is well got up. It is one of those works in which there is not an unnecessary line, nor even a word—a work, indeed, which we may occasionally wish had been a little more diffuse on particular points. It is quite the text-book upon urinology for the scientific physician, and may be handled likewise by the youngest student.

The great want of the Society is—what? Alas, that members would pay their subscriptions! At the date of the audit of the Society's accounts there was but an extremely small balance in the hands of the treasurer; and although more than six months of the current year had then expired (and according to the bye-laws all subscriptions are payable in advance), not half of the subscriptions of the year had been received. The report observes:—

"The long credit which not a few members take is a source of very material diminution to the Society's usefulness. Every effort has been made, and will be continued, by the executive to get in the year's income, and also the arrears still due for former years. Upon the amount of success which may attend those efforts will depend whether any other volume is published during this year. ..... A list of these arrears will be given at the conclusion of the year. It is hoped very much to diminish it in the interim."

Now this is not as it should be, and we very much fear that other Societies than the New Sydenham could make a like complaint.

Transactions of the Ethnological Society of London. Vol. II. New Series. pp. 468.

THIS is a most interesting volume; and though its dissertations are confined to the Natural History of Man, the subjects discussed are most various. There are thirty papers in all; some, indeed, are but of slight texture, whilst others are very elaborate. The characters of the authors are very miscellaneous. One writer is a bishop, another a physician; one an archæologist, another a philological missionary. Though, as we have said, the topic is but one—Man—yet so varied are his relations that he can be discussed by all—divine, physician, and philosopher. A good feature, as we think, of these Transactions is, that to each paper is appended a report of the discussion which ensued upon its reading. This gives a life and interest to the subject discussed beyond even what otherwise fairly belongs to it. It revivifies the corpse before the present spectator. The memoirs more particularly connected with Medicine are those by Prof. Owen, "On the Osteology and Dentition of the Aborigines of the Andaman Islands;" by Mr. Hunt, "On the Acclimatization of Man;" by the late Dr. Knox, "On a Collection of Human Crania preserved in the crypt of a church at Hythe in Kent;" by Dr. Short, "On the Differences in Weight and Stature of Europeans and some Natives of India;" and by Mr. Blake, "On the Cranial Characters of the Peruvian Races of Men." As papers of general interest, those of Mr. Robert Clarke, "On the Colony of Sierra Leone and its Inhabitants;" of Mr. Crawfurd, "On the Connexion between Ethnology and Physical Geography," and "On the Relation of the Domesticated Animals to Civilization," deserve particular mention. Such as are interested in Language may be referred for instruction to the memoirs of Messrs. Tylor, Walcott, and Crawfurd.

The Council anticipates, we are told, that the appearance of the future Transactions will not be so long retarded as the present have unavoidably been. The Ethnological Society of London promises to rival the most popular scientific *réunions* of the metropolis. It offers a fund of interest to so many different classes of inquirers and philanthropists, that such is not surprising. We trust that, unlike the New Sydenham Society, it will have its lists of subscription *actually paid* well filled up. Science and the printers, as well as soldiers and the commissariat, must, if they go to fighting, have "the sinews of war."

The Journal of Botany, British and Foreign. Edited by BERTHOLD LEEMANN, Ph.D., &c. No. IX., Sept. 1863. Hardwicke.

THIS publication maintains its interest. The editor continues his revision of the natural order Bignoniaceæ; Mr. Babington contributes a paper on the Botany of South Pembrokeshire; and Sir W. J. Hooker favours us with a report on the Royal Gardens at Kew. Besides these, there will be found other articles and short comments of value to botanists.

CORONERS' INQUESTS IN MIDDLESEX.—From an official document just published, it appears that last year the expenses of the coroners and their courts cost the county of Middlesex £9357.

THE LANCET.

LONDON: SATURDAY, SEPTEMBER 26, 1863.

RECENT circumstances and the present season render an inquiry into the nature and extent of the responsibility of medical practitioners not inappropriate. Few questions involve graver considerations. Whether it be examined in relation to great propositions of public economics for the regulation of public health, or be regarded in its moral aspects as influencing measures of social reform, it equally commends itself to our notice. Experience has shown that the teaching of medical statistics must not be neglected: they are but the expression of special observations. In military and civil life, so-called "sanitary arrangements" are now found to be of an importance scarcely admitting of exaggeration. The Government of the country, and the governors throughout the land, agree with the public in considering medical practitioners as eminently entitled to express authoritative opinions on all matters affecting the physical condition of the community. This, it is true, is the primary object to which their attention is presumed to be given. It constitutes, however, but a fractional part of that responsibility which devolves on those who enter upon the medical or surgical profession.

The civil responsibility attaching to the exercise of our profession becomes not unfrequently the subject of legal investigation; its nature and extent should therefore be impressed on the minds of all, whether they be students or possess qualifications to practise. There is nothing in its fullest appreciation to deter any man of a properly disciplined mind from its encounter. Lord Chief Justice TINDALL, in a celebrated case, long since tried, observed—"Every person who enters a learned profession undertakes to bring to the exercise of it a reasonable, fair, and competent degree of skill." This is all the law requires. The professional man does not agree or stipulate to carry the case through to a successful issue at all events, and notwithstanding all contingencies; and he is not to be tried by the results. The most he can do is to endeavour to deserve success. His best exertions will not always secure it, neither will they prevent his treatment being severely questioned. When young men entering on practice find the conduct of their seniors investigated in courts of law, and occasionally visited with marked reprobation, they are apt to feel dismayed at a possible future where want of success may be regarded for them as indicative of want of skill. Many under this impression become what are termed "nervous practitioners." Let such apprehensions be banished. The greatest authority has well expressed that which is expected from everyone who undertakes the treatment of disease. "In all cases where skill is required it is to be understood that it means *ordinary* skill in the business or employment which the practitioner undertakes; for he is not presumed to engage for extraordinary skill, which belongs to a few men only, in his business or employment, or for extraordinary endowments or acquirements. Reasonable skill constitutes the measure of the engagement in regard to the thing undertaken." "Ordinary skill implies that experience which is manifested commonly by those who practise or profess to understand the same art or science, and which is generally regarded by those most conversant with the same profession or employment as necessary to qualify him to engage in such business successfully." Few will be found willing to confess or believe that they are incapable of acquiring the amount of knowledge which this common-sense definition implies. Ordinary skill appertains to the large majority of duly qualified practitioners who avail themselves of the opportunities of their studentship. Its possession is very rightly but one of the claims which the public holds on a medical man. He is also bound to use reasonable and ordinary care and diligence in the exertion and application of his skill and knowledge to accomplish the purpose for which he is employed. Ordinary diligence is a relative term the value of which must always be determined by the state of the patient. That which is ordinary care in certain circumstances would be negligence in others. Coupling ordinary skill and ordinary diligence, we may state that the doctrine of the English law is—If there be neither carelessness nor want of ordinary skill and diligence, no action against a medical practitioner can be sustained. Of course actions can be brought for assumed injuries, as other charges can be made without foundation. However this may be, no medical man should fear the result of any action where he can show that he is possessed of a due knowledge of his profession, and has given his attention to its exercise. The case is the same even though his judgment in a particular instance be erroneous and his treatment without success, so long as, with good purpose to help the afflicted, he uses his best discretion in the application of the recognised principles of the healing art to the treatment of disease or injuries. There are contingencies which no human power can feel sure of anticipating or controlling. Medical men are not responsible for the errors of an enlightened judgment where good judgments may differ. Ordinary skill is happily that which the law wisely requires; were it not so, those who reside in smaller towns and country districts, though often possessing a thorough theoretical knowledge of the highest elements of the profession, would forbear from many operations of necessity forced upon them; because, not having the great opportunities of daily observation and practical operation of those who reside in the metropolis, they might possibly prove less expert in manipulations than their brethren constantly observing and treating the various accidents and forms of disease. Were only those to practise who possess the highest qualifications, we fear that many would be left to suffer for want of that aid that a knowledge of surgery supplies. It has happened that where a patient has died from an operation performed by a person *bonâ fide* exercising his best skill, criminal proceedings have been instituted. This is the most serious aspect such a case can assume. We quote the dicta of Mr. Justice HULLOCK in Van BUTCHELL's case. It shows the anxiety of the law to protect medical practitioners, or those who legitimately stand in their position. "It is my opinion that it makes no difference whether the party be a regular or irregular surgeon; indeed, in remote parts of the country, many would be left to die if irregular surgeons were not allowed to practise. It is quite clear that you may recover damages against a medical practitioner for want of skill; but, as my Lord HALE says, 'GOD forbid that any mischance of this kind should make a person guilty of murder or manslaughter.' Such is the opinion of one of the greatest Judges that ever adorned the Bench of this country; and his proposition amounts to this: if

a person *bonâ fide* and honestly exercising his best skill to cure a patient performs an operation which causes the patient's death, he is not guilty of manslaughter." The principle of this ruling remains unchanged, though, happily, the country is now adequately provided with duly qualified practitioners. There is certainly nothing either in its application or operation to deter men of average capacity and reasonable diligence from undertaking every risk which very many powerful and hidden influences may produce. Want of vital force, habit of life, hereditary diathesis, climate, the mental state, local circumstances, are apt to impress an individuality on each patient, and present the most formidable and discouraging obstacles to those who may propose, *à priori*, to predict or control vital operations, whether in health or disease. These have small influence on the practitioner who is impressed with the true dignity of the medical profession. Humanity demands, and the law requires, that surgeons and physicians master that degree of knowledge which is reasonably within their reach. So long as they do so they may rest satisfied that in the conscientious exercise of the experience so acquired they will be sustained by the approval of all those whose opinion is entitled to consideration or respect.

In commenting on the civil responsibility or personal liability of medical practitioners we investigate briefly but a very limited phase of the entire question. The moral responsibility of those in practice has a much wider and more important range. Moral responsibility and professional competency under certain circumstances become almost reciprocal terms. In military life the extent of punishment, the performance of duty, the granting of leave, the whole social regulation of a regiment, lies within the judgment of the medical man, and becomes, more or less, so many questions in hygienics. Before civil tribunals the capacity of criminals and testamentary capability are frequently determined according to his judgment. In city jurisdictions the discipline of prisons and all sanitary precautions demand that medical opinions be invoked. Experience has shown that few great national changes affecting the social or material condition of the people are not more or less influenced by the operation of causes which medical science may assist to regulate, if it be inadequate to control. Wheresoever we turn, illustrations are presented of the dependency of the complicated arrangement of human society on the discretionary exercise of that knowledge which medical experience affords. Why, then, it may be asked, do not the professors of such a science occupy higher positions in the service of the State? The reason is obvious. The pursuit of politics and the practice of physic are essentially different. One is a selfish master and the other a jealous mistress. Medical men are second to none in public usefulness or private excellence. They are not without their recompense. They are honoured in their social status and protected in their professional exercise. The authorities consult and obey them. The public respect and reward them. If they are debarred from the higher offices of the State, medical men find other opportunities of distinction in the treatment of disease, which extends their usefulness to the entire human race.

The professional responsibility of those who enter on the practice of Medicine and Surgery, or their collateral sciences, should be deeply impressed upon each one so doing. Medical practitioners owe it to themselves and to the public to adequately acquire and efficiently practise the particular avocation they pursue. The law has proposed certain penalties if they fail to do so. There is a feeling higher than legal obligation that should animate all — the sense of what is due to the profession to which they belong, the maintenance of its honour, and the preservation of its interests, both of which imply its proper practice. This feeling cannot be too highly cultivated by each one from the commencement to the close of his career. Other professions may, perhaps, offer greater inducements to the ambitious, and higher rewards to the successful; but, to use the words of CICERO, "No vocation permits a mortal to so nearly approach the character of a god as that which enables him to give health to his fellow-man."

THE British Association for the Advancement of Science avoids two things—Medicine and Morals. It is so intensely and exclusively fond of the physical and the demonstrable, of what can be measured, or seen, or weighed, or put into a crucible, or converted into a fossil, that anything minus these qualities has but a poor chance of being noticed by it. Accordingly it gives the go-by to Medicine and Morals. We think this a matter for regret on two grounds. Firstly, that the subjects ignored by the British Association suffer from its neglect; and secondly, that the British Association suffers by neglecting them. By Medicine we mean, not merely medical substances themselves, which are material enough even for the British Association, but the whole art and science of healing, including every reasonable theory of the decline of disease or of the action of remedies. Now, Medicine in this sense and the whole science of morals are all but ignored by the British Association. At the recent meeting one tone pervaded nearly every important paper read, and all the great questions touching man and his position were treated very much as if he were a well-constructed machine, brought to his present perfection by a happy combination of physical circumstances, utilized to the greatest possible degree on the suggestions of distinguished physicists and chemists. Even the admirable address of Sir WILLIAM ARMSTRONG was not free from this fault. In it the duration of England's greatness—that problem which is always exercising the good and perhaps the bad minds of the world—was measured. A foot-rule and scales were brought to the solution of the awful question. The calculation was painfully physical. It was mainly a question of so much coal. Given only a certain extent of coal-seam, or rather a certain depth below which the working of coal would become an impracticably warm job, and supposing a certain wasteful annual expenditure of coal to go on, England's greatness would be all up in a few hundred years. More ordinary men would have taken other elements into consideration. Culture, contrivance, Christianity, and political constitution, would have figured at any rate alongside of fossilized carbon, if they did not tower far above it, in their calculations, as things that have had not a little to do with the creation of England's greatness, and may therefore be held to have some bearing upon its continuance. But these qualities are invisible, cannot be put into scales or measured, and so were little regarded in the President's address.

This tendency to overrate physical qualities perhaps came out most strikingly in Dr. HUNT'S paper on the "Mental and Physical Qualities of the Negro." In this the whole negro race was consigned to perpetual inferiority chiefly on the

strength of a few points of physical difference, shown by other observers not to be constant, between him and the white man. A little extra length of the heel, a flatter nose, and a few other such points, were enough, in Dr. HUNT's opinion, to justify the classing of the negro as a distinct species. True, he quoted M. PRUNER BEY, to the effect that "the capacity of the negro is limited to imitation." But this quality of imitativeness is one that can least of all be fastened as a characteristic upon negroes. It is almost universal amongst white people. We are all imitating one another. HORACE tells us somewhere that the minor poets of his day carried their imitation of him not only to his poetry but to his paleness. The truly original men, even in those nations with short heels and long noses and white skins, may be counted almost on one's finger-ends. Very prominent men, men who assert startling or premature views, are often only doing other men's work, and a very searching investigation might show that even Dr. HUNT, in his bold ethnological generalizations, is only following some one else. We wish to think and to speak most respectfully of scientific labourers in every department, and we feel grateful to them for every fresh contribution to the store of ascertained truth, although it may occasionally jar with our preconceived notions. Moreover, we wish them to have ample field for the freest speculation. But, allowing all this, we cannot approve of Dr. HUNT's course at the recent meeting. It may be quite right to denounce views opposite to one's own as those of poets and fanatics only, though they may have been held by men like BROUGHAM. It may be quite right to consign a whole race to inferiority. It may be right to do so at a moment like the present, when the fate of the race trembles in the finest balance. It may be proper to give a scientific sanction to the degradation which is being heaped upon the negro. All this may be quite right; but it will require evidence very different from any produced by Dr. HUNT to make this appear right.

And when Dr. HUNT again brings forward his views, he must be much better prepared to answer objectors. It was awkward for him to be told by Sir EDWARD BELCHER, who had "spent nearly all his life amongst the Africans," that "when *properly educated* they could be as true, as faithful, and as sound-hearted as Englishmen; to be told further by the gallant Admiral of several instances of negroes of remarkable intelligence, and that he scouted the idea that the negro was naturally either physically or mentally of inferior capacity to other human races. It was awkward in the extreme for Dr. HUNT to be met and matched in debate by a man of colour, whose grandfather and grandmother were of pure negro blood; who from recent personal observation denied the constancy of the anatomical distinctions sought to be fastened on the negro by Dr. HUNT; and who described, as different authorities have done before, considerable anatomical varieties amongst the Africans themselves, testifying to the existence of Africans with heels as short as those of other nations, and features as prominent as those of Europeans. To these various and pointed objections, and to others as forcible, Dr. HUNT did not succeed in making a satisfactory reply. To an argument of his coloured opponent that Britons had come to their present pitch of civilization, although CÆSAR declared them in his day to be such stupid people as to be unfit for slaves, Dr. HUNT replied: "Of course Britons were unfit for slaves; they never had been slaves, and he hoped they never would be slaves." Dr. HUNT here was neither fair nor original. He evaded the plain meaning of CÆSAR, which was to be unfair; he quoted "Rule Britannia," which was to be very imitative. He must face these objections; they are at least as weighty—probably much more so—than his arguments from the comparative measurements of the nose or of the heel. He must get rid of the argument which Mr. CRAFT quotes from CÆSAR, and of the other which he supplies in his own person. If a nation the original inhabitants of which were too stupid to be fit for slaves has come to be the foremost nation in the world, why may not the African, on being similarly treated, rise similarly? And is it not a proof of the possibility of this that the grandson of a man and woman having those anatomical stigmas which Dr. HUNT so delights to magnify, pure negro blood, and for argument's sake say long heels and flat noses, —that the very grandson of these people rises up and baffles the dialectician on the floor of the British Association? It will not do for the latter gentleman to object that Mr. CRAFT has risen by an intermixture of blood. It is very much in this way that Englishmen have risen. The intermixture of white and black blood is constantly taking place, in a way and on a scale most discreditable to white people. Notwithstanding all the legalized disparagement of this intermixture, it is producing from time to time men who, by their sense and virtue, command the respect of all classes, including the Ethnological Section of the British Association and its distinguished President. Let this intermixture be legalized and recognised as one of the ways designed by Providence for the elevation of the negro race. Let this race itself, whatever be its present degradation, have its humanity recognised, with all the rights arising out of it. Let white men show themselves worthy of their shorter heels and longer noses by a more hopeful and noble treatment of their certainly less fortunate, if possibly less gifted, fellow-creatures. Let intermixture of blood, freedom, fair and equal laws, and a generous helpful treatment from white men have their play for a few generations with black men, and then we shall have all the materials for a sound conclusion; then we may be entitled to speak of the inferiority of the negro. Till then such strong assertions of it as those of Dr. HUNT seem to us premature, unphilosophical, and inhumane. He may be right, but he has not made and cannot make good his proposition. The present laws and customs and *animus* of nations vitiate all conclusions founded upon mere anatomical data; and as these very data are matters of dispute amongst anatomists, and as the conclusions to which they lead are pregnant with further suffering and degradation to an already degraded race, surely the voice of science should hesitate to speak, especially at a moment when a new society seeks to establish the degradation on a permanent basis, even the theory of an essential and eternal inequality of races.

We end as we began: we should like to see the British Association take cognizance of other than strictly physical subjects; medical ones, for example. Surely the importance of practical medicine is such as to make it worthy of definite and distinct notice, if not of devolving it upon an exclusive section or sub-section. The inexactness of Medicine is only another and a very strong argument for this course. The great questions which divide medical practitioners are capable of solution only in the same way in which questions in other departments of science are solved. Experiment and induction are as indispensable here as elsewhere; and not until there

is a crucial application of Baconian principles to medical questions will medical practice become more creditably uniform, and superior to dogmas which have nothing else to recommend them than authority and antiquity. Sound induction is always a difficult thing. Lord BACON says truly: "The inquisition by induction is wonderful hard; for the things reported are full of fables, and new experiments can hardly be made but with extreme caution."

This is especially true of a science like Medicine, in which experiments are complicated with so many elements that are not physical. There is the more need, therefore, to carry medical questions into a strictly scientific sphere, where, if we cannot be conducted at once to sound conclusions, we may at least be kept from false ones. For the sake of Medicine itself, then, we would wish to see a medical section or sub-section of the British Association in which the great subject of therapeutics should meet with the same unsparing criticism which is applied to other questions of science.

Moreover, we cannot but think that the British Association would be more worthy of its great name and influence if it would consent to view men and things from moral as well as physical stand-points. It is easy to say that it is an Association for the prosecution of physical science alone. We deny that the British Association restricts itself to subjects which admit of an exclusively physical treatment. What it does is to subordinate moral to physical facts, and to reason from physical to moral and mental facts instead of the opposite. We cannot understand a purely physical ethnology. We feel with Prof. GOODSIR, that "all the Natural History sciences lie on the boundary between physical science on the one hand, and moral science on the other. If anyone refuses to take the latter into consideration, then we say 'we will not argue with you,' just as we will not argue with anyone who refuses to study one of the factors of a question." And again: "The inoculation between organic science (especially the anthropological department) and moral and religious truth cannot be overlooked."

The eminent Anatomical Professor of the Edinburgh University will not be suspected of any tendency either to overlook or underrate the importance of anatomical distinctions. We are glad, therefore, to avail ourselves of the strength which resides in his great name in arguing that psychical considerations will have to figure much more largely and prominently in the reasonings of the British Association before they will command the respect of that class of minds which have given character to the opinions and action of England. We will not be suspected of any natural tendency to underrate the importance of physical facts. Our natural tendency is all the other way. But as practical physicians we are compelled to say that a mere physical philosophy is constantly failing us. Men cannot be understood by measuring their heels, or their noses, or even their heads. We daily see peculiarities of life, of constitution, of temper, of temperament, for which we see as yet no exact or reliable physical equivalent. Still more is this the case with the higher qualities of conscience and intelligence. We are convinced that to resolve all humanity and history into a mere matter of bones and stones is an absurdity which cannot go on. Another generation will see a violent reaction against such views, and, in the person of another Bishop BERKELEY, will deny the existence of matter altogether. It is surely not seemly that scientific opinion should swing in this pendulum-like way from one extreme to another. Let the British Association, then, set another example, and view men and things from all points before venturing upon hints and inferences calculated to have political weight, and to give shape to public opinion. We have heard nothing yet to induce us to leave the human race exclusively to physical philosophy, to gauge its capacities for the present with a foot-rule, and to hand it over finally as mere material for fossils.

Medical Annotations.

"Ne quid nimis."

SUICIDE AS A FINE ART.

SUICIDE is one of our "statistical despairs" (to use a pathetic phrase of Mrs. Browning in "Aurora Leigh"). We jot down the act in figures; we sum up the ghastly total; we compare the results of week with week, month with month, season with season, year with year, cycle with cycle, and one period or state of life with another. We map out the long lines of averages for provinces or districts, and designate the great centres of self-murder *suicide-fields*. We anatomize the disease itself, and put down so much for madness, so much for despair, so much for misery. And when we have done all—when we have mastered the geography, the natural history, and all the multifarious peculiarities of the terrible deed—we stand aghast at the hideous and seemingly hopeless nature of the results. It would almost appear as if Mr. Buckle's fatalism were, indeed, but too well founded, and that neither the love of life nor the fear of another world could avail to hold in check the constantly recurring crime. But so wretched a conclusion does not necessarily or even legitimately follow from the facts. The philosophical historian might have derived a useful lesson from the travelling gossip. Mr. Anthony Trollope tells the story of a despairing West India planter who dreaded to commit suicide lest, at the coroner's inquest, his body should be "sat upon" by a "nigger." It needs but little acquaintance with life under stress of wretchedness to know what numerous and powerful influences hold the propensity to suicide in check. Our statistics of self-murder show in what instances these influences have failed, but they yield no knowledge of the cases in which they have proved an effectual safeguard. This latter knowledge is of a kind respecting which statistics are almost altogether silent.

Digby, in "My Novel," speaking of suicide, says that it is "tempting, perhaps, but highly criminal." The temptingness of suicide is very insufficiently understood by writers of Mr. Buckle's school. Few probably rightly estimate the extent to which the idea haunts the minds of the utterly miserable—it matters not whether their misery has been self-induced or has come unsought for. Death to such, as it were, "opens her sweet white arms, and whispers, Peace!" It is difficult, most difficult, to escape from the idea of suicide. The act is suggested by the misery itself, and the suggestion meets us at every turn in ordinary life. The unhappy cannot glance into the columns of the morning paper without imbibing the idea. They sip the notion, so to speak, with their coffee every morning at breakfast, and turn it over as a savoury morsel as they crunch their toast. Or if outside the sphere of daily papers, they listen to it every Sunday, as, vying with the clangour of the church-bells, the peripatetic newsvendor makes the seething back-slums re-echo with his blatant cry: "Here you have all the account of the shocking and lamentable suicide of the mother-of-a-family-through-misery, price one penny;" and so forth. Who can say how tempting to the wretched is Seneca's teaching that of all the good things which the eternal law has done for man, this is the best, that although it has given us but one entrance into life, it has given us a thousand ways to escape from it? "Does life please you?" says the Stoic; "live on. Does it not? go from whence you came. No vast wound is

necessary—a mere puncture will secure your liberty. . . . . Do you see that precipice, that river, that well? you will find liberty or freedom from misery at the bottom. Look at that tree; liberty hangs on its branch. Or do you ask, which is the road to liberty?—your heart, your throat, and every vein in your body. Every one ought to make his life approved by others; his death by himself. That kind of death is best which pleases most. . . . . It is most unjust to live by theft, but to steal an opportunity of dying is very becoming and beautiful." (Ep. LXX.) And if the unhappy can hardly escape from the notion of suicide, as little can they escape, as Seneca puts it, from the suggestion of a ready means. Indeed, True-wit's remonstrance addressed to Morose (*Volpone*) is but the personification of a too commonly whispered suggestion. "Marry, your friends do wonder, sir," True-wit says; "the Thames being so near, wherein you may drown so handsomely; or London-bridge, at a low fall, with a fine leap, to hurry you down the stream; or such a delicate steeple in the town as Bow, to vault from; or a braver height, as Paul's; or if you affected to do it nearer home, and a shorter way, an excellent garret-window into the street; or a beam in the low garret, with this halter which they have sent, and desire that you would sooner content your grave head to this knot than to the wedlock noose; or take a little sublimate, and go out of the world like a rat." With this luxury of suggestion in ordinary life the marvel is not that so many, but that so few commit suicide. Nay, more, when we reflect on the vast amount of unutterable and unmitigable misery which exists among civilized nations we marvel still more at the wondrous power of moral restraints which make suicides not the rule but the exception. It needs but a glance at the statistics of the age of suicides to see that suicide is chiefly the resource of those whose energies, both physical and moral, have been worn out by years of protracted and hopeless struggling. Again, insanity steps in and claims a huge proportion of the victims of self-murder—victims who, their moral control having been sapped by disease, must be placed aside in estimating the influence of legal or moral restraints in checking suicide.

There is a modern school of writers, who, with Seneca, teach the becomingness and beauty of suicide. This school in England is at present in a rudimentary state, but it has been largely developed in France. The English disciples of the school tag their æsthetical notions to Mr. Buckle's pseudo-philosophical deductions; but their chief inspiration is derived from popular literature across the Channel. They hold the legitimacy of self-murder, and write of the act as one of the most becoming means of shuffling off humanity. Not a hitch occurs in ordinary life but suicide is suggested. Take, for example, the little sketch, entitled "Paris-Medicin," in the popular series, "Les Petits Paris." The young hero seeks a practice, and fails on the first trial. Then "à bout de patience et de résignation des idées de suicide me virent." He tries bookmaking and mesmerism, and again fails: "Il fallait vivre cependant, et j'étais à bout de ressources. Les idées de suicide s'offraient de nouveau à mon esprit." Next he has recourse to homœopathy; but even the globule fails him: "Il ne me restait donc plus que le suicide. Je délibérais donc sur le genre de mort que j'allais choisir." The authoress of "Lady Audley's Secret" and "Aurora Floyd" has caught up the trick of suggesting suicide, and the notion crops out in every portion of those works. We have not yet our popular defenders of suicide as Maxime du Camp and Madame de la Fos; but Mr. Buckle's and Miss Braddon's methods of dealing with the subject are straws showing in what direction the suicidal wind is blowing. We need not despair of seeing suicide dealt with as a pure question of art, after the custom with the chief of the æsthetical professors of suicide in France. How much more charming to see the revolting act artistically decked out and appealing to our tearful sympathies as by M. Arsène Houssaye, the Inspector-general of Fine Arts, in his little Parisian romance, "La Vertu de Rosine"! The aptitude with which our neighbours appreciate the dramatic capabilities of the act is especially conspicuous. Take the instance of the French gentleman who shot himself in a railway train near Newark a short time since. As an effort in the same direction, the suicide of the servant in the hall of one of the mansions in Whitehall-gardens was very promising. So, also, the attempt of two females to commit suicide together under highly sentimental circumstances a little while ago. None of these cases, and more particularly the English cases, were so well conceived and so effectively carried out as a recent suicide of a soldier and his paramour in a well-known café in Paris.

For our own part, however, we object to a death's head in filligree work, and we protest against that covert pandering to suicide which cloaks itself in an æsthetical guise, and which is beginning to peer out in the writings of some of our "sensational" authors.

THE SIN OF THE SOLDIER.

WE have recently referred at some length to the frightful amount of venereal disease which official returns prove to exist amongst our soldiers and sailors. We purpose hereafter returning to the consideration of this subject, and of its bearing on the social evil as viewed from a civil aspect. Meanwhile we publish in another column a letter which we believe to express the opinions held by the majority of army surgeons as to the proper way of dealing with this gigantic grievance. If it were possible to treat the matter as one exclusively of military discipline, and to enforce a martial law which should take effect on only one class of the community, we should wish for no better guides than the army authorities as to what is best to be done, and which is the best way to set about it. But unfortunately the question under discussion cannot be narrowed to such limits; and it is of no earthly good to lay down laws which will only be disregarded, or attempt to enforce restrictions which can be easily evaded. It is here that military authorities fail. They are used to the strict observance of discipline, and to find that their orders are implicitly obeyed; and where the ruling power is always in the right there can be no form of government more perfect than that where *sic volo sic jubeo* at once settles what shall be done. But unfortunately such a perfect system requires for its effective working an infallible administrative power, nearly approaching to Hood's definition of the most perfect form of government—an angel from heaven and a despotism.

It has been shown already that the moral and physical mischief to which our correspondent refers extends far beyond the injury done to our soldiers, and therefore we should do but very partial service if we restricted the consideration of it to the influence it produces amongst our troops. We thoroughly agree with the writer of a recent article in the *Saturday Review*, that, in face of the startling array of facts and figures now accumulated on this subject, it is scarcely possible to conceive that even the most prejudiced and stubborn of opponents to legislation can dare to offer any objection to some attempt being made to stem the torrent of vice and disease now doing such an incalculable amount of mischief in every grade of society. And when the opportunity presents—when the time comes for action, it will be well that we should be enabled to show that the subject has been considered in no party spirit, and with no purpose of relieving one class of the community at the expense of the rest.

TRAFFIC IN DEATH.

THE verdict of the jury in the inquest recently concluded on the bodies of infants discovered in Whitechapel Church cannot fail to commend itself to the approval of the public for the remarks which accompany it. These remarks embody the facts.

"The jury find upon evidence that it is the practice of

undertakers to receive the certificates of still-born children from midwives or any other women. They feel that the perpetration of abortion and infanticide may be facilitated by such a practice, and suggest that any person burying or assisting to bury without a certificate from a legally-qualified medical practitioner or registered midwife should thereby be liable to the penalties of the law as in cases of misdemeanour. They are also of opinion that the sexton of Whitechapel Church has been guilty of great irregularity in secretly burying still-born children in a closed churchyard, and gross carelessness in destroying the certificates, and rendering no account, as is usual; and also of culpable negligence in his want of care of the church for which he is responsible, and entrance to which is only obtainable by the keys which are entrusted to himself. The jury further recommend that the parish officers represent their recommendation to the Secretary of State."

So much good sense pervades this curious grammatical effort, that we forbear from other observations than those to which its suggestions invite. We have had occasion to comment on the great increase of infanticide, and to deplore the facility of inducing abortion. This inquest enlightens us as to how a large number of infant bodies are got rid of. From the evidence of several witnesses it appears to have been part of a recognised system that "stillborns" might be disposed of in any way most convenient. They seem to have formed the object of curious competition; and the prices charged by rival undertakers are said to have varied, and to have been materially influenced by the payment of "ready money." It is impossible wholly to prevent crime. The next step is to be able to recognise it. This can be best accomplished by the adoption of the suggestion of the jury, that in all cases a certificate from a "legally-qualified medical practitioner" be required by the parish authorities at the hands of the undertaker before interment be permitted. The fact of interment without such certificate should bring the offender within the provisions of the criminal law, the penalty for the offence being imprisonment and a fixed fine, half of which should be paid to the informer on conviction. The combination of personal and pecuniary risk might tend to diminish practices the present extent of which this inquest has but partially revealed. Occurrences of a somewhat similar nature have been before made public, when it was shown that not unfrequently do undertakers convey into the coffins of adults the remains of infants committed to them for burial. This should be considered not only a grave offence against social decency, as it undoubtedly is, but also a direct violation of special enactments entailing an adequate punishment. The questions of infanticide and secret infantile interment are more closely interwoven than at first sight appears. We trust that they will receive due consideration with those other social measures which must occupy the attention of the Government in the ensuing session. It is high time for action when the privacy of the tomb and the sanctity of the church are both rendered subservient to the furtherance of crime and the prevention of its discovery. The suggestion of the jury is but another illustration of the increased moral and professional responsibility which all advances in social legislation must entail on medical practitioners, whose co-operation with the Government is now indispensable for giving effect to the great moral revolutions in progress.

A further illustration of the facility with which the bodies of dead children may be hidden away, under the form of burial, was furnished by an inquest held at Camberwell on Friday week. The ignorant midwife declared, by her mark, that she had delivered one Louisa Goodyear of a female child stillborn. She stated that she had helped to bring 2100 children into the world, and acknowledged that she was in the habit of giving pseudo-medical certificates of death. It is not sufficient, then, that the above recommendation of the jury be carried into effect by the Legislature. This would not in itself suffice to meet the organized system of murder of which we seem here to recognise the outlines. It would be also necessary that a false certificate should expose its author to the punishment assigned to perjurers, and that no person should be permitted to sign a certificate who is not a registered practitioner, or who does not hold a legal certificate to practise midwifery.

OUR POOR RELATIONS.

CERTAIN zoologists seem to view with extreme satisfaction every circumstance which can be thought to assimilate the specific characters of men and apes. At the meeting of the British Association in 1862 the ape was formally reinstated in the possession of his hippocampus minor, in the famous speech in which, according to the Cambridge wits,

> "Professor Huxley, section D,
> Showed forth his own pedigree."

Although we could no longer pride ourselves on having a little morsel more of brain tissue, we could still triumph over our "poor relations" on certain other external characters, and did not feel bound to extend the hand of brotherhood to "creatures" who had not separate fingers. At the late meeting Mr. Blake leveled even this slight distinction, and introduced to our notice an anthropoid ape, in the person of an old male gorilla brought from the Gaboon by Mr. Winwood Reade, in whom the digits of the hand are almost as free as in the lower races of mankind. This freedom of the digits has never before been described, and is a singular abnormity; but Mr. Blake hastens to suggest the speculation, "whether it might not, through generations during which the congenital defect of the gorilla, or absence of the characteristic syndactility, might be transmitted, operate towards the production of a more prehensile form of hand." It is true that syndactility, or web-finger, has been occasionally transmitted hereditarily as a congenital defect in some human families, and has not yet operated to produce any change of type in the human hand; but a speculation which seems to tend to support the possibility of the converse process amongst apes has peculiar charms apart from its probability.

NEGLECT OF VACCINATION.

THE Coroner for Central Middlesex has adopted a very useful course in submitting to the juries whom he has occasion to empanel in instances where unvaccinated children have died from small-pox the legal responsibility incurred by their neglectful guardians. In an inquest lately held on a boy named H. T. Hambrook, one of three children lying dead in the same house, Dr. Lankester observed to the jury that in this case there were two points for their consideration—first, the child having died without medical attendance; and secondly, that the child, who died of small-pox, had not been vaccinated. They would hear the evidence of the father and mother of the child, and also that of a medical gentleman.—Samuel Smith Hambrook was then examined. He said he was by trade a carpenter. He was father of the deceased child, who was two years and a half old at the time of his death. On Monday week he left his home to go to where he was working. He was sent for on Friday, when he received a message that the child was dead. At that time no one else in the house had the small-pox, but since then two more of his children had died of it. The deceased Henry Hambrook had had no medical attendance during his illness, and had never been vaccinated. He thought the child ought to have had medical attendance. The two other children who had since died of the small-pox had not been vaccinated. He had two children now living who had been vaccinated; but he did not have the others vaccinated because he once lost a child through vaccination.—Selina Hambrook, mother of the deceased child, was the next witness. She said that the child was taken ill on Monday week, and exhibited small-pox. He went on very favourably till Thursday evening, but died at six o'clock on Friday morning. She sent for Dr. Wilkinson on Friday morning, who came when the child was dead. She had had eight children,

two by a former husband and six by her present husband. Of these she had lost two by vaccination.—Dr. Richard Wilkinson said he was called to see the child on Friday morning. The deceased was dead and covered with the eruption of small-pox when he saw him. The child ought to have been vaccinated, and he thought deceased would have had a better chance if he had had medical attendance.—Dr. Lankester, in summing up, said this was a case of very gross neglect in that the child was permitted to die without medical attendance. There was also the other point, which the jury ought to take into their consideration, and that was the neglect of vaccination. It appeared that the mother had been served with the usual notice to have her child vaccinated, and for neglecting to comply with the terms of that notice she and her husband were liable to a penalty. They had, in fact, broken the law, and if death resulted from their having broken the law they were liable to a verdict of manslaughter. It was his opinion that verdicts for manslaughter in such cases would have a very beneficial effect in inducing persons to have their children vaccinated.—The jury found that the death had resulted from an attack of small-pox, and that "said death was accelerated by the deceased not having been vaccinated, and not having had proper medical attendance." They also adopted a resolution calling "the attention of the parish authorities of Islington to the prevalence of small-pox in the neighbourhood, and the necessity of inspection for the purpose of procuring the vaccination of all children in the neighbourhood."

MEDICINE FOR THE MILLION.

THE danger resulting to the people from the unrestricted traffic in medicine by all the pretenders who please to undertake the healing art, without knowledge and without conscience, has received two additional exemplifications. The one is afforded by the particulars of an inquest held by Mr. John Humphreys, the Middlesex Coroner, at the Gibraltar tavern, Gibraltar-walk, Bethnal-green-road, as to the death of Charles Debell, aged three years, whose parents reside at 13, Gibraltar-place, Bethnal-green, and who died under the following circumstances:—The mother had been in the habit of taking deceased to a chemist instead of a qualified medical practitioner, and on the previous Thursday the deceased was taken suddenly ill and appeared to be dying. She carried the deceased in her arms to the surgery of Mr. Massingham, the medical officer of Bethnal-green, who pronounced the child to be dying from neglected scarlet fever. He gave the mother a mixture, but deceased died shortly afterwards. Mr. Massingham had never seen the deceased previously, and said that if proper treatment had been rendered in time the life of the deceased might have been saved. The Coroner said that if mothers would but take their offspring to proper qualified practitioners, a vast number of unnecessary inquests might be prevented, and the time of the jury with expense to the county saved. If the parents had done so in the present instance, no inquest would have been required. The jury agreed with the opinion of the Coroner, and returned a verdict in accordance with the medical testimony. In the other case to which we allude, a medical herbalist, named Markus, residing in Newcastle, was committed for trial on the charge of manslaughter, a coroner's jury having found that a woman, named Jane Sumby, had died from an overdose of meadow saffron prescribed by Markus.

CORONERS AND POLICE MAGISTRATES.

FOR many years the late Coroner for Middlesex was at issue with the magistrates as to the jurisdiction of the coroner, and his right to have a prisoner brought before the jury. On some occasions this was granted, and at other times refused, by the magistrates, or by the Home Secretary, if he had been appealed to. We have much pleasure in extracting the following from the daily papers. Mr. Mansfield, we think, is deserving of commendation for the sensible course he has pursued.

"MARYLEBONE.—THE LATE MURDER AND ATTEMPTED SUICIDE.—On Saturday an attempt was made, on the part of the police, to supersede the authority of the coroner's warrant of committal to Newgate on a charge of wilful murder of Sarah Emily Mitchell (otherwise Chapple), who, it will be remembered, killed her child by stabbing her with a dagger on the 31st of July last, and then attempted suicide by cutting her own throat. The police wished to bring the prisoner before the police magistrate.

"The Magistrate (Mr. Mansfield) said Dr. Lankester had waited upon him on the subject, and he considered, as she already stood committed on the coroner's warrant, there was no necessity for her being brought there.

"Inspector Tiddy said she had been in his custody ever since the occurrence, and he had not seen any warrant.

"Boyles, the summoning officer, was sent for, and asked if he held any warrant from the coroner against the accused on a charge of wilful murder; and he replied that he did. But, in answer to another question as to why he had not executed it, he replied, Because the surgeon refused to give a certificate to say the accused was in a fit state to be removed, unless at the peril of her life.

"Mr. Mansfield said if the coroner's officer executed the warrant, then the matter was out of his (the magistrate's) hands at once. If a prisoner was charged before him previous to any proceeding being taken before the coroner, then it would be his bounden duty to go into the case, and either commit or discharge the party. In this case, however, the coroner had held his inquiry, and issued his warrant against her, consequently there was no necessity for a second commitment. Clearly, a magistrate in such a case as this would be showing great disrespect to a coroner if he were to commence the case *de novo*; indeed, he thought he would be liable to an action.

"Mr. Sleigh, who was present on the part of the accused, concurred in the views of the magistrate, and Boyles at once put the coroner's warrant into execution by taking her into custody. She was, however, subsequently brought into court, and at the request of the police inspector Mr. Mansfield marked the charge-sheet as follows: 'Before the prisoner was brought before me she was taken into custody by the coroner's beadle, in virtue of a warrant for her committal for trial on a charge of murder.'

"The prisoner was then committed for trial."

Correspondence.

"Audi alteram partem."

ARMY MEDICAL OFFICERS.

To the Editor of THE LANCET.

SIR,—Many of your correspondents appear to be using their best endeavours to prevent the army being supplied with assistant-surgeons. Imaginary grievances are set forth to frighten the aspiring medical youth from entering the medical ranks of the army. The powers that be are blamed for the regulations which were framed and issued, and for the alterations in the Warrant and the reductions which were made, by the late Lord Herbert. The present Director-General and H.R.H. the Commander-in-Chief are made to answer for the sins of all. Now, what are these stated grievances?

1st. It is said that the Warrant of 1st of October, 1858 (which was obtained for the department by General Peel), has been partially cancelled, more especially as to military rank and forage allowance. As regards the first of these, it is said that the relative military rank is not substantive; that the medical officer who is senior to the military officers is not allowed to sit as president of a court of inquiry, or board of survey, or to command at mess. Now the military authorities show no disrespect whatever by refusing to allow a non-combatant to exercise *command* in any situation. If a medical officer were called upon to exercise *command* at mess, or to sit as president on boards composed of military and civilians, such

could be military command; and this could not be granted without disorganizing the army altogether, for as the medical officer so must the members of the other civil departments be treated. Moreover, such duties would entail upon the medical officer the absolute necessity of educating himself as a military officer, and the articles of war, Queen's military regulations, works on courts-martial, &c., would have to be studied as much as purely medical publications; whereas all his time and study should be devoted to his profession, and to that alone.

2nd. As regards forage. Forage in the army is not a *rank* allowance, but is governed by the *duty* the officer has to perform. Thus a lieutenant-colonel of cavalry is allowed forage for four horses, whilst a lieutenant-colonel of infantry, with the same rank, is allowed only one. Every military officer who draws forage is obliged to have it certified by the officer in command that a horse is *necessarily* kept—that is, to enable him to perform his duties. And if the medical officer is granted such a certificate, forage for one or more horses is given to him likewise. Many medical officers are not aware of this; they see that a colonel or a major is always allowed forage because their duties require them to keep a horse. Again, a surgeon of cavalry says, "the lieutenant-colonel gets forage for four horses; so ought I." But the reason the lieutenant-colonel of cavalry is allowed four horses is that he is in greater danger of losing his chargers in action or on outpost duty; and, moreover, actually requires more horses to perform his ordinary duties efficiently than the infantry colonel.

Again, complaint has been made that the medical officers cannot, in consequence of the reduction of the second assistant-surgeons of regiments, get much leave of absence. This reduction was made by the late Lord Herbert, who thought that two medical officers were sufficient for a single battalion, and he, therefore, reduced the junior assistant-surgeons. (This, however, had the effect of rendering promotion to the rank of surgeon quicker.) Reductions were also made in the higher ranks, but these were the necessary consequence of previous augmentations for anticipated hostilities with America, the China war, &c. Every medical officer appears to be able to get at least two months' leave a year, and if he is sick a very much longer period. It has also been complained of that regimental surgeons in India are not allowed to exchange. Surgeons of regiments in India have not been allowed to exchange because there are staff surgeons serving in India at a much lower rate of pay, and to whom it is but just to give a regiment when a vacancy occurs; but if a regimental surgeon has served abroad five years, he can be removed to the staff for a tour of home duty, if he wishes, provided no expense is entailed upon the public.

Again, it is said that medical officers are called upon to pay the expenses of recruits that have been rejected after having been passed by them. But the public must be protected. Payment is enforced only in palpable cases, and where the recruit has been reported unfit by a board of three medical officers, as well as by the surgeon of the regiment or depôt to which the man belongs. If a military officer passes a man who is only 5 ft. 1 in., and who ought to be 5 ft. 2 in., he also is made to pay the expenses.

Individual cases have been quoted to show favouritism; but all are capable of explanation. For instance, that of Dr. Becker. This gentleman was employed as an acting assistant-surgeon before he passed the competitive examination; and on being admitted into the service, was allowed the benefit of previous service, in the same way that all other acting assistant-surgeons were when they passed the examination and became permanent. Dr. Becker delayed presenting himself for the competitive examination in consequence of his being employed in China on special duty as pathologist.

The army medical officer may justly think the period he has to serve on full pay, before being allowed to retire, too long. This is a real grievance, and is the chief cause of the length of time the assistant-surgeon has to serve before he gets promotion. The wear and tear of the constitution of the medical officer, the anxieties he has to undergo in the hospitals of the tropics, and the exposure to climate day and night, in comparison with the military and other officers of the army, entitle him to more consideration on this score; whereas he is worse off than the military officer, who can retire in twenty-five years, but who can enter the army at eighteen, which the medical officer cannot do. Moreover, arduous service for so long a time prevents his looking forward to anything but crippled health after a period of twenty-five years on full pay; and therefore it would be but an act of justice to shorten this period, and to give the rate now given for twenty-five years to those who have served twenty-one years.

In conclusion, with this exception, the Medical Department of the Army holds out a good career for the young medical aspirant. £200 a year to commence with, *certainty* of promotion up to the rank of surgeon-major on completing twenty years of full pay, for the mediocrists, with the prospect of promotion by selection at an earlier period for distinguished service; half pay if disabled by ill health; and optional retirement at twenty-one years (if this could be obtained), on at least £300—is better than the majority of those who enter the profession can look forward to in civil life.

I am, Sir, your obedient servant,

September, 1863. A DEPUTY INSPECTOR-GENERAL.

DIPHTHERIA AT CARLISLE.

To the Editor of THE LANCET.

SIR,—Touching the subject of diphtheria, which is at present prevalent in Carlisle, I must confess that the stimulating diet and treatment with tincture of irons has totally failed; for more deaths, I believe, have occurred where such treatment was available than amongst those who could not obtain such expensive regimen and diet: a *mild* nutritious diet is best. Many cases have come under my care in every class of life, and have generally been preceded by bilious symptoms, and great prostration of the nervous power. Enlarged glands, with an intense redness and relaxation of the mucous membrane of the throat and mouth generally, show themselves early, and in many instances, a false membrane, like thin and dirty pieces of wash-leather,—easily removable by artificial means, only to be speedily reproduced,—offers itself to view. In other cases—certainly more rare—the exudation is of a pearly whiteness, and fringes the free edge of the soft palate and tonsils, as solid and white as if it were the boiled albumen of an egg. Any local application, with the exception, perhaps, of a very strong solution of lunar caustic, and better still, a strong solution of chlorinated soda, as recommended by Dr. Budd, has little or no effect: it is not a local disease, but a disease of the whole system. Scanty, high-coloured, and acid urine, passed at rare intervals, which makes the patients, or friends, cry out that they do not make water properly or in due quantity,—almost pointing to partial paralysis of the kidneys, a kind of ischuria renalis,—is a frequent symptom. The great prostration, nearly amounting to general paralysis, I have seen persist for many weeks at a time, and yet the person recover. Some cases I have seen apparently getting better—the mouth cleaner, the nervous prostration lessened, and the appetite partially restored, when paralysis of the soft palate and gullet set in, and all the other symptoms returned. One case I had that ultimately recovered, in which the mother used every morning to pick off the soft palate large quantities of the solid albuminous-looking exudation, and in this case, when the child was much improved,—in fact, when it was apparently convalescent,—it lost all power over the movements of the head. Whichever way the head was turned there it lay; if it was thrown back, or to one side, or forwards, there it remained till differently placed by the hands either of the patient or of a bystander. To combat these symptoms I generally begin with an emetic and gentle aperients, to try and correct the secretions; these are difficult and slow of correction, but sometimes suddenly change. The tongue becomes clean, sometimes suddenly, and looks, where the fur had been, as if it had been scooped out, such is the impression left. This impression leaves after a few days, provided the recovery goes on favourably. The enlarged glands and diphtheritic membrane have yielded best, in my hands, to an alkaline treatment, and the action of the kidneys also is best restored by alkalies. My treatment in the way of medicines has been a mixture as follows:—Carbonate of ammonia, carbonate of potash, nitrate of potash, hydriodate of potash, and chlorate of potash, of each and every one of these ingredients, one drachm; water, eight ounces: from a teaspoonful to a tablespoonful, according to age, every three hours. I have certainly seen decided improvement under this treatment; and, again, I have seen the recovery but slow. But most certainly this alkaline treatment answers better than an acid treatment. Whooping-cough, measles, and scarlatina are also prevalent here just now.

But what I want to point out more particularly is the rapid effect of change of locality. The child I mentioned who had paralysis of the muscles of the head and neck was restored by

change to the sea-side in two or three days, and other cases I have seen equally benefited by change of locality. We know the benefit of a run out to sea by ships having cholera cases on board. We know, also, the benefit of change of locality by patients suffering from whooping-cough. We must choose a part where the disease does not reign; and, happily, there are many neighbourhoods up and down, surrounding a suffering locality, where those who can manage the change can repair. My impression is, that these diseases are attributable to a magnetic derangement of the locality where they exist, and if a move can be made where the magnetism of a place is in a state of integrity, then we go far to cure the disease. If we can only succeed in placing the patient thus favourably, then we may dispense with all other treatment. I have an apparatus now almost perfected whereby I can show the condition of two magnetic forces—viz., the attractive force and the repellant force. This year the attractive force has been nearly steady; and thus, as I have always maintained, that when this force should become steady, we would find the potato disease to cease; but the repellant force has shown much variation, and to-day, and for a few days past (September 12th), the loss of repellant force is greater than it has been for some time, though this force has shown much unsteadiness for a long period. The attractive force has of late had a slight tendency downwards, which may tell a little on the potato crop, though the advanced period of the autumn leaves little for us to fear on that head. I think I have made out to my own satisfaction, that the potato disease in the vegetable world, and that the low fever, commonly called the "famine fever,"—a kind of low typhoid fever,—are the results of defective or lessened magnetic attractive force; that cholera is the result of a sudden rise and continued oscillation of the needle upwards; and from what I have lately observed, diphtheria, measles, and scarlatina are owing to a lessened repellant force equally demonstrable as the other forces. These magnetic forces, and others which at present exist to us almost without a meaning, may ultimately be proved to regulate life, health, and disease, and otherwise balance vitality in its relationship to the earth &c.

I am, Sir, your obedient servant,

Carlisle, Sept. 1863. WM. REEVES, M.R.C.S.

SYPHILIS IN THE ARMY.

To the Editor of THE LANCET.

SIR,—Army surgeons ought to be deeply grateful to THE LANCET for its able leaders on the prevention of venereal disease, which is doing so much to destroy the *physique* of the British Army. I was not at all surprised at reading the statistics of syphilis quoted in your article on the health of our army and navy. Nothing can be more easy than to stay this plague, if Government will only listen to army surgeons. The system in India only wants a little administration to make it work well, as shown in the instance at Secundrabad. Each regiment is allowed to retain a certain number of women in the bazaar under the care of a woman paid and made responsible; they are periodically inspected by the native hospital compounder. In all stations, however, there is a Sudder bazaar, with of course a large number of prostitutes plying their trade, and under no espionage or sanitary regulations. Why cannot Government issue orders to the cantonment joint-magistrate to institute a system similar to regimental bazaars, and establish a Lock hospital, which would only cost a very trifling sum? By organizing such a co-operative system I am convinced that a wonderful check would be given. Unhappily for India, this outcry has come too late. Syphilis is spreading far and wide amongst the native population. Even in the heart of Cashmere, where no soldier has ever been, I have seen frightful cases of this disease. If the English Raj has been productive of many blessings to the Hindoo, it has also given him a scourge. At home it is only now dawning on England what ravages this disease is making on its population. Army surgeons, if asked, could tell a tale which would startle the nation, especially surgeons of depôt battalions. The magistrates and police of such places as Chatham could display a long roll of prostitutes preying upon the young recruit who is training for service in India—a training, I feel assured, more suited to fill the Indian graveyards. Take any garrison town, and stroll along the barrack road towards watchsetting, and observe the consummate tact of those women in waylaying and enticing the soldier returning home, infatuated and fevered with drink. Then trace the consequences in the medical history and defaulter sheets.

I quite concur with the summing up of your journal except as regards the increase of married men: that becomes a formidable financial question at home, and a great clog upon a regiment taking the field. Every encouragement is given the soldier in India to marry, with a view to colonization. His more regular habits keep him in health; but I think the colonizing part is a myth. Frame sanitary laws with regard to those unhappy women, and let Government organize a new system with their recruits; let them take the advice of competent judges upon recruit training, and follow the example of European armies.

I remain, Sir, your obedient servant,

C. A. INNES, M.D.,

York, Sept. 1863. Assistant-Surgeon 16th Lancers.

POISONING BY OPIUM.

To the Editor of THE LANCET.

SIR,—I shall feel obliged if you will allow me to offer a few remarks in reply to Mr. Ellis's letter of the 12th inst., as from its tenor it may be imagined that I was actuated by some illiberal motive in criticizing it in my former letter of the 5th inst.

Now, when I questioned the probability of the child taking twelve grains of solid opium, I did so relying on the improbability of the laudanum procured at a little huckster's shop being of P.L. strength; and, further, I did not think that the child living for eight hours and a half was at all extraordinary, as Taylor, Beck, and others all speak of seven hours being the minimum time before death takes place in a case of poisoning by opium.

I am willing to give Mr. Ellis credit for endeavouring to enlighten his professional brethren when he records what he considers an extraordinary case. But does he really suppose that no one has the right to challenge his opinions or conclusions if his narrative is not clear as noon-day? Mr. Ellis is not a very old practitioner, nor as yet known to fame as an authority to be relied on in a question of medical jurisprudence. I beg to tell Mr. Ellis that his history of the case is very different from Dr. Scott's or Mr. Gell's, on whose authority I append the following:—That a pennyworth of tincture of rhubarb was asked for, and two drachms of laudanum given in mistake for it. Dr. Scott and Mr. Gell both say that not much more than a teaspoonful was given. About two or three hours after taking the poison, the mother, becoming alarmed at the stupor of the child, sent for Mr. Gell, who immediately attended, and endeavoured to restore sensibility to the child for an hour and a half before he (Mr. Gell) sent for Mr. Ellis to assist him. In the interim Dr. Scott arrived. On the suggestion of Dr. Scott, galvanism and other remedies were tried for some time. Dr. Scott and Mr. Ellis then left, and Mr. Gell stayed for two hours after, till the case terminated in death.

Now as both Dr. Scott and Mr. Gell tell me that the patient neither vomited nor was purged, and that very little if any of the laudanum remained, I should like to know "what it was" that Mr. Ellis analyzed to make out his twelve grains of solid opium. Till he answers this question satisfactorily, his reports, however extraordinary (*if* read at all), will only be received as of a doubtful character. Mr. Ellis may have seen, as he says he has, other cases of opium-poisoning; but I doubt very much if he treated any so far back as the year 1840—which I have.

I am, Sir, not a very "young practitioner,"

but your obedient servant,

T. MAY, L.F.P. & S. Glasg.

Hinde-street, Newcastle-on-Tyne, Sept. 1863.

AMPUTATION OF THE THIGH.—QUESTION OF FEE.

To the Editor of THE LANCET.

SIR,—The relations between railway companies and the medical profession are far from satisfactory. Dr. Mackinder's letter has opened a subject that requires some attention. The question is not limited to the amount of fee to be expected for a certain operation; but I would give it a wider scope, and ask whether we have any legal claim on any railway company for attendance on the *employés* injured in their service?

The Bristol and Exeter Railway Company have rejected my claim for an amputation of the thigh, through their superintendent, in the following terms: "That it could not be entertained by the Company. I do not understand on what grounds such claim has been made."

This is the case. A porter at the Watchet Station attempted to jump on a truck that was in motion, and missed his footing.

His left leg caught in the spokes of a wheel, and was crushed, first at the middle of the leg, then at the knee, and lastly at the lower third of the thigh. This occurred at the distance of two miles from my house. I immediately had recourse to amputation, as there was considerable venous hæmorrhage with the slightest motion of the body; and I stayed in attendance on the poor fellow for nine consecutive hours, when he died from exhaustion. He was not a member of the Great Western Railway Provident Society, of which I am one of the medical staff; and I consequently turned to his employers (the Bristol and Exeter Railway Company) for remuneration, with the result stated above.

I may add, that the fee named was £5 5s.; and that I gave a full statement of the case when I first applied. The accident occurred in September, 1862.

I am, Sir, your obedient servant,

Williton, Taunton, Sept. 1863. W. T. GAYE, M.B.

CONSTANTINOPLE.

(FROM OUR OWN CORRESPONDENT.)

SINCE my last communication the British Maternity Charity n this capital has secured the services of men of high scientific and practical knowledge in Medicine and Surgery. Two consulting physicians have been appointed: one educated in Paris, at present Professor of Materia Medica at the Imperial Medical College; the other, a gentleman educated in America. There are also two consulting physician-accoucheurs, the first of whom may be said to be the father of obstetric practice in Constantinople, and the second holds a deservedly high reputation. The ordinary physician is Dr. Sava, president of the Greek Medical Society, physician to H.E. Sir H. Bulwer, G.C.B.; the surgeon, Dr. Stampa, a young man of great promise and a skilful operator. The physician-accoucheur is Dr. Foote, M.R.C.P. Lond., and formerly assistant to Dr. Murphy, of University College, London. With such a staff there can be no doubt that this Charity will receive the support of the public, and be a means of producing much benefit. The accompanying circular, issued by the Committee, will clearly show its objects:—

"The British Maternity Charity of Constantinople—Established June, 1863—For the relief of poor women of all nations and creeds; for the treatment of all diseases, especially those peculiar to women and children.

"Medical attendance will be given for the present at the Charity, on and after October 1st, between one and two o'clock P.M., on the recommendation of a subscriber, at No. 2, Rue Yazydjy Pera, near the site of the proposed Memorial Church, as follows:—Diseases of women: Monday, Wednesday, and Saturday. Diseases of children: Tuesday and Thursday.

"A list of qualified midwives, nurses, and monthly nurses, may be had on application.

"A course of lectures on the Theory and Practice of Midwifery will be commenced on November 2nd, at two P.M.

"Consulting Physicians: Dr. Edwards, Dr. Stamatiades. Consulting Physician-Accoucheurs: Dr. Schinas, Dr. Pardo. Physician: Dr. Sava. Surgeon: Dr. Stampa. Physician-Accoucheur: Dr. Foote. Treasurer: Rev. C. B. Gribble, M.A. Apothecary: M. Madella."

I regret to add that the physician-accoucheur lately, in paying a visit on board a steamer in the Golden Horn, at night, unfortunately struck his leg, and broke the tibia at the upper end of the lower third, and the fibula in two places—one directly opposite, the other higher up. He is, I am happy to say, doing well.

LIVERPOOL "FEVER COURTS."—A correspondent of the *Liverpool Mercury* proposes to give £1000 towards mitigating the evils arising from the state of what he calls the "Fever Courts" of Liverpool, provided a general subscription be opened for that purpose. There are many places in Liverpool where fever is said to be always present, winter and summer. The philanthropic individual who makes the above munificent offer is entitled to the highest praise. Under proper sanitary regulations there is no reason to doubt that the "Fever Courts" will cease to enjoy an unenviable notoriety. It will be a disgrace to the great commercial town of Liverpool if proper means are not taken to mitigate the avoidable sufferings of its poor inhabitants.

Medical News.

APOTHECARIES' HALL.—The following gentlemen passed their examination in the Science and Practice of Medicine, and received certificates to practise, on the 10th inst.:—

Becker, John Leigh, Maidstone.
Miles, Thomas, Totness, Devon.
Rigg, John, Southport.

The following gentlemen also on the same day passed their first examination:—

Booth, Wm. Reuben, St. George's Hospital.
Ray, Edward Reynolds, Guy's Hospital.

The following gentlemen passed their examination and received certificates to practise on the 17th inst.:—

Henson, Sidney Russell, Hull.
Wall, George, Stourbridge.

The following gentlemen also on the same day passed their first examination:—

Pearse, Geo. E. Legge, Westminster Hospital.
Cowen, Philip, St. Thomas's Hospital.

At the recent examination for prizes in Botany given by the Society of Apothecaries, the successful candidates were:—

1. Henry Greenway Howse, Guy's Hospital. Gold Medal.
2. Ralph Gooding, King's College. Silver Medal and a Book.

COUNTY LUNATIC ASYLUMS.—The expense last year of the County Lunatic Asylums in the United Kingdom amounted to £107,663 5s. 10½d.

PRESTWICH LUNATIC ASYLUM.—The county magistrates of Lancashire have voted £6500 for the completion of the Prestwich County Lunatic Asylum, and for other expenses connected with it.

RANGOON.—The medical authorities of the Indian army have decided that the climate of Rangoon has been found to admit of European troops being sent there direct from Europe, without undergoing any previous Indian acclimatization.

EVIDENCE AS TO MAN'S PLACE IN THE CREATION.—Prof. Halford, of the University of Melbourne, has been delivering lectures there in reply to those of Prof. Huxley; with what success remains to be shown.

REMOVAL OF ST. THOMAS'S HOSPITAL.—At a meeting of the St. Olave's District Board of Works, Southwark, it was resolved that the removal of the hospital to Stangate should be resisted, and that a union with other parishes of Southwark for the same purpose should be formed. £50 was voted for this object.

THE MEDICAL OFFICERS OF THE CHANNEL FLEET were entertained by the members of the Ulster Medical Society at a sumptuous dinner at the Society's house, in High-street, Dublin, on the 9th inst. The chair was occupied by the president of the Society, Dr. Patterson. A large number of medical gentlemen were present.

GUY'S HOSPITAL.—The governors of Guy's Hospital have just erected two large and elegant houses, in the immediate vicinity of the hospital, as residences for two of the medical staff, whose services may be required in cases of emergency. These houses are not only convenient, but have received the commendation of architects as models of house architecture.

COMPOUNDS OF THALLIUM.—M. Lamy, in a communication to the Academy of Sciences, states that after working on some compounds of this metal he has experienced extreme lassitude and pain in the lower extremities. With a view of determining the real properties of this metal, he has since tried a series of experiments on animals. The result has been, that a decigramme of the sulphate given to a young dog caused death in forty hours.

EDUCATIONAL VACCINE STATIONS.—In order to provide for the granting of those special certificates of proficiency in vaccination which, under the regulations of the Privy Council, are required to be part of the medical qualification for entering into contracts for the performance of public vaccination, or for acting as deputy to a contractor, the following arrangements are made:—1. The vaccinating stations enumerated in the subjoined list are open, under conditions appointed by the Privy Council, for the purposes of teaching and examination. 2. The public vaccinators officiating at these stations are authorized by the Privy Council to give the required certificates of proficiency in vaccination to persons

whom they have sufficiently instructed therein. 3. The public vaccinators to whose names an asterisk is prefixed are authorized to give such certificates after satisfactory examination to persons whom they have not themselves instructed:—*Mr. Marson (Principal Station), Surrey Chapel, Blackfriars-road; Mr. Gerrans (North West Station), Lisson grove; Mr. Jorden (West Station), Lower Belgrave street; Mr. Lewis (East Station), Well-street, Wellclose-square; Mr. Simpson (North Station), Tottenham-court Chapel, Tottenham-court-road. *Mr. Garner, the General Dispensary, Birmingham. *Mr. Sheppard, St. Augustine's-place, Bristol. *Mr. Gibson, Nile street, Hull. *Messrs. Steele, Wilson, and Fenton, acting conjointly, or at least two of them together, the Ladies' Charity, Parr-street, Liverpool. *Mr. Guest, Rochdale-road, Manchester. *Dr. M'Nay, Bricklayers' Hall, Castlegarth, Newcastle. *Mr. Allanson, St. George's-terrace, Sheffield. *Dr. Husband, the Royal Public Dispensary, Edinburgh. *Dr. Dunlop, the Hall of the Faculty of Physicians and Surgeons, Glasgow.

TESTIMONIAL TO T. W. CROSSE, ESQ.—A handsome electro-plated candelabrum, or epergne, was presented by the members of the Norwich Pathological Society to their honorary secretary, T. W. Crosse, Esq., at the anniversary dinner which followed the annual meeting of the Society held on the 10th ult. After the usual loyal toasts, the chairman, Dr. Lombe, in introducing the toast of the meeting, took occasion in an eloquent and appropriate speech to refer to the very efficient services which Mr. Crosse had so freely given to the Society from its very commencement, a period now of fifteen years' duration; and, in presenting to him the testimonial, expressed on the part of the subscribers a hope that he would accept it as a token of the feeling of regard which they entertained for him personally, as well as of their thanks for the long-continued and valuable services, with the addition of a hope that those services would still continue to be available to the Society. The candelabrum bore the following inscription:—"Presented to Thomas William Crosse, Esq., by the members of the Norwich Pathological Society, to mark their sense of his long and valuable services as their Honorary Secretary. Sept. 10th, 1863."

RETIREMENT OF A VENERABLE PUBLIC BENEFACTOR.—At a meeting of the Committee of the Newcastle Dispensary, held on Tuesday, the 15th inst., Dr. Headlam personally tendered his resignation, after a faithful service of fifty-eight years. This resignation was reluctantly received by the committee. During this long period he has scarcely ever been absent from consultation. Dr. Philipson has announced his intention of becoming a candidate for the vacant appointment, the filling of which is fixed for Monday next.

CHATHAM GENERAL HOSPITAL.—The large general hospital just erected at Chatham, which is on the eve of being opened, will have a commodious ward attached for the reception of female patients suffering from venereal diseases, the expenses connected with which department will be almost entirely defrayed by Government. A considerable portion of the funds for the erection of the hospital has been contributed by the Admiralty and the War Department, the Government at the same time making an annual grant on the express condition that one portion of the hospital shall be devoted exclusively to Lock cases. This is the first step taken by the Government to establish Lock hospitals in our large garrison and seaport towns. It is to be trusted that further steps in this direction will be taken to mitigate the evils of this growing disease amongst our soldiers and sailors.

THE ALDERSHOT DISPENSARY AND INFIRMARY, which was established for the treatment of diseases specially prevalent in the army, has been found so efficient that it is the intention of the authorities to enlarge the accommodation of the building and to extend the charity. We trust that some special provision may be made for the wretched women who are the victims of that formidable disease which is so prevalent in camps.

PUBLIC-SPIRITED SEVERITY.—An inquest was held the other day at St. George's Hospital on the body of a man who had died of delirium tremens, brought on by loss of blood from a wound. In evidence it was stated that "his arm was bound up, and he was taken to Dr. Armstrong's, of Duke-street; but that gentleman said he would rather not have anything to do with the case. Deceased was, therefore, taken to the hospital." The cause of death having been explained by the house-surgeon of St. George's, "A juror raised the question, whether Dr. Armstrong had acted rightly in refusing to attend the deceased; but it was overruled, as it was considered that the hospital, being near, was the best place for the deceased." Of course; particularly as the poor man's arm had been bound up, and there was no call for Dr. Armstrong's interference. On the contrary, if he had meddled with the case, its fatal termination might have occasioned him to be blamed by censorious busybodies for not having referred it to the safer care of the hospital. The juryman who was so sharp as to "raise the question whether Dr. Armstrong had acted rightly" in doing what was dictated by caution and common sense, should consider that the alacrity which British jurymen are accustomed to exert, in pouncing on a pretext for censuring a qualified medical practitioner, is apt to defeat its own end, if that end is the public good. Eagerness in the enforcement of responsibility is noble and virtuous, but tends to cause responsibility to be, if possible, declined. It would be well for British jurymen, and some others as zealously severe, to remember, not only as regards medical men, but with respect to all whose services are hazardous to those who require them, that the British public cannot have its pudding in the advantage of enterprise, and eat it too in the satisfaction of enforcing responsibility.—*Punch.*

HEALTH OF MADRAS.—We regret to learn that the city of Madras is becoming yearly more unhealthy. The report by Dr. Cornish on the Causes of Death in Madras, for the year 1861, states that the mortality for that year was 13.370. In 1857 it was only 6968; in 1858 it was 10,148; in 1859, 10,292. In 1861 the death-rate was slightly less than in 1860, but there is good reason to believe that the mortality in the next two years will show a great increase. Surely there must be causes for this sad increase of mortality which are preventable.

PLYMOUTH DISPENSARY.—After a service of forty-eight years, Dr. Arkworthy is about to resign his appointment as physician to this institution.

HEALTH OF KESWICK.—The disinfection of the sewers has had a marked effect on the health of the town. The ravages of small-pox have also ceased.

CAMBRIDGE.—At a meeting of the board of guardians held on Wednesday last, there were three candidates for the office of surgeon to the house in the room of Mr. Newby, deceased. Mr. Temple, surgeon, obtained twenty votes; Dr. Ransom and Mr. Knowles, three. Mr. Temple was of course elected. It is expected that Dr. Ransom will be appointed to the office of surgeon to the police, which is worth about £25 a year.

LOSS OF LIFE IN COLLIERIES.—In 1862 there were 738 fatal accidents in collieries in Great Britain, causing 1133 deaths. Such a terrible mortality does not indicate the efficiency of the inspectorship of mines, as the public have been led to anticipate. Accidents affecting life amongst the mining population are in the majority of instances preventable. There are many difficulties in carrying out precautionary efforts for the salvation of life, but these are not insurmountable. The ignorance of the workmen is a fertile cause of mischief. This ignorance must be met, as it no doubt will be, by the spread of information amongst those immediately interested.

PERCHLORIDE OF IRON AS A HÆMOSTATIC.—The *Antwerp Journal* states that perchloride of iron combined with collodion is a good hæmostatic in the case of wounds, the bites of leeches, &c. To prepare it, one part of crystallized perchloride of iron is mixed with six parts of collodion. The perchloride of iron should be added gradually and with care, otherwise such a quantity of heat will be generated as to cause the collodion to boil. The composition when well made is of a yellowish-red colour, perfectly limpid, and produces on the skin a yellow pellicle, which retains great elasticity.

FORT PITT, CHATHAM.—Instructions have been forwarded from the War Office directing the whole of the staff of medical officers and others attached to the Military General Hospital at this garrison to be removed forthwith to Fort Pitt, which for the future is to be devoted to the purpose of a general hospital for the troops. A small portion of the old hospital at Brompton will still be retained for patients, and the remainder is to be converted into barracks.

PHARMACEUTICAL CONFERENCE.—The opportunity afforded by the presence of the British Association at Newcastle was embraced by several influential chemists and druggists for holding a conference. The meeting was held at Baker's Hotel, Mr. Deane, F.L.S., in the chair, when the organization of an association was completed, with a view to

the following objects, viz. :—The advancement of pharmaceutical science by the allotment amongst its members of subjects especially deemed to merit inquiry; the check of sophistication in medicine by the operations of a committee upon adulterations; and the union of existing provincial societies having allied objects. It was felt by the promoters of the conference that the material advance in the education of pharmaceutists consequent upon the labours of the Pharmaceutical Society for the last twenty years, rendered it incumbent upon those who had enjoyed its facilities for professional study, and upon chemists and druggists generally, to make more systematic efforts in the cultivation of pharmacy. The rational position of pharmacy being manifestly that of a subordinate branch of medicine, its cultivators in this country have seen the necessity for combined effort to reach a position more analogous to that of their brethren on the Continent. A cordial and joint invitation from Bath and Bristol to hold a conference at the former city next year was read and accepted. At an evening sitting communications were read upon "Metric weights and measures" and "Adulterations," which gave rise to general discussion.

SUICIDE OF AN UNQUALIFIED PRACTITIONER.—As an instance of the evils resulting from the practice of unqualified persons the following is instructive:—Mr. Harvey Oakes, a druggist, residing at Sheffield, was called on to attend a case of twins, one child having been already delivered by a midwife, she being unable to effect the delivery of the other. Mr. Oakes was equally unsuccessful, though considerable force was used. Mr. Shaw, a surgeon, was then called in, who immediately completed the case, but the woman had been so much injured by the previous unskilful treatment that she soon died. This event weighed so heavily on Mr. Oakes's mind that, to escape the impending verdict of a coroner's jury, he committed suicide.

THE NIGHTINGALE FUND.—It is satisfactory to learn from the last report of the council of the Nightingale Fund that the nurses educated under the auspices of the benevolent lady who founded the institution, and whose name adorns the annals of humanity, have in every way fulfilled her anticipations. Of the number who completed their training at St. Thomas's Hospital, twenty have been employed in various hospitals and infirmaries, principally in the country. Twelve are now under training at the Surrey Gardens. The plan for training midwifery nurses at King's College is making progress.

SOCIAL SCIENCE MEETING AT EDINBURGH.—The arrangements for the seventh annual meeting of the National Association for the Promotion of Social Science, commencing at Edinburgh on the 7th of October, are rapidly approaching completion. The president of the Public Health department is Professor Christison; vice-presidents, Dr. Craigie (president of the College of Surgeons), Dr. Newbigging (president of the College of Surgeons), and Mr. Lindsay (provost of Leith). The secretaries of the department are, Dr. Markham and Mr. R. Rawlinson, C.E., in conjunction with Dr. Littlejohn, Dr. Scoresby-Jackson, and Dr. Stevenson Macadam, who act as local secretaries. Amongst the papers sent in to be read, the following are of special interest: "The Sanitary Statistics of Colonial Native Schools and Hospitals;" and another paper on the "Army in India," by Miss Florence Nightingale; "The Changes which have occurred in the Type of Disease in Edinburgh during the last fifty years," by Professor Christison; "Diseases in Cattle," by Professor Gamgee; "The Sanitary Arrangements of Edinburgh as compared with other large towns," by Dr. Littlejohn; "On the Necessity for Prospective Legislation to prevent Dwelling-houses being built in disregard of the Conditions of Health," by Colonel Oldfield. Various other important subjects will be brought forward: as the sickness and mortality of merchant seamen; the contamination of water by sewage, and by public works, &c. The meeting will be opened by Lord Brougham (the president), who will deliver the annual address in the Free Church Assembly Hall, on Wednesday evening, the 7th of October. The business of each of the six following days will be opened by addresses from the presidents of the different departments in rotation, delivered in the Free Church Assembly Hall, and after the address the departmental meetings will be held in the Law Courts and Free Assembly Hall. The concluding general meeting will take place in the Church of Scotland Assembly Hall, on Wednesday, the 14th of October. The council will meet in the Library of the writers to the signet, and the Parliament House will be open as a reception room; the College and Law Libraries and other public buildings and places of exhibition will be open to members during the week. Conversaziones will be held in the University, in the Museum and Hall of the Royal College of Surgeons, and in the National Gallery, on the evenings of the 8th, 9th, and 12th. A working men's meeting will be held in the Corn Exchange, on the evening of the 9th, at which Lord Brougham will preside; and on the 13th the Association dinner will take place in the Music Hall. The Royal Scottish Academy intend to hold an exhibition of the works of deceased and living artists of Scotland, collected for the occasion, during the meeting of the Association. There is to be a great *réunion* of the Bars of the three kingdoms, which will be represented by very distinguished members of the English and Irish Bars. The Scotch railways generally have agreed to give return tickets to members and associates, and the leading English lines will afford facilities to visitors through their tourists' tickets. A reception committee, of which Lord Ardmillan is convener, and Mr. C. Lawson sub-convener, has been engaged for some time in arranging for the hospitable reception of the large and distinguished circle of visitors who will be present. It is expected that Prince Alfred and one of the Danish princes will be present at one of the concluding meetings of the Association.

MEDICAL VACANCIES.

Raeth Union, Maker District, Yorkshire—Medical Officer.
Falkingham Jail—Medical Officer.
Leeds Public Dispensary—Assistant Resident Medical Officer.
North Bierley Union—Medical Officer.
Scarborough Dispensary—House-Surgeon and Secretary.

MEDICAL APPOINTMENTS.

T. ANDREW, L.R.C.P.Ed., has been elected Medical Officer and Public Vaccinator by the Parochial Board of Kilmadock, Perthshire, vice H. S. Hooper, L.R.C.S.Ed., deceased.

T. L. BRITTAIN, M.D., has been appointed House Surgeon to the Chester General Infirmary, vice Dr. T. H. Hughes, deceased.

E. COLBEN has been appointed Junior Dispenser to the Westminster Hospital, vice A. Hill, resigned.

D. CURRIE, M.R.C.S.E., has been appointed Visiting Surgeon to the Chester General Infirmary.

J. R. DAVIES, M.R.C.S.E., has been elected one of the Acting Surgeons to the Birmingham and Midland Free Hospital for Sick Children, it having been determined to increase the medical staff.

J. E. DAWSON, M.D., has been elected Medical Officer to the Brookland District of the Romney-marsh Union, Kent (being part of District No. 1, which has been divided into two—viz., Brookland and Lydd), vice H. E. Wood, M.D., resigned.

W. H. DEWAR, L.R.C.S.Ed., has been appointed Surgeon to the County Prison, Kinross, and has been elected Medical Officer and Public Vaccinator for the Parish of Kinross, vice J. Gall, L.R.C.S.Ed., deceased.

E. E. EARLE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for District No. 4 of the Shepton-Mallet Union, Somersetshire, vice F. P. Smith, M.B., resigned.

M. J. EGAN, L.F.P. & S.Glas., has been elected Medical Officer and Public Vaccinator for District No. 6 of the Wisbeach Union, Cambridgeshire, vice R. Hunt, M.R.C.S.E., deceased.

M. W. FISHER, L.F.P. & S.Glas., has been elected Medical Officer and Public Vaccinator for Districts Nos. 4 and 5 of the Wisbeach Union, vice Hunt, deceased.

J. ELLIS FREELAND, M.D., has been appointed Public Vaccinator for Port Glasgow.

T. WEBB FRYER, M.R.C.S.E., has been elected Medical Officer for the District of Bitton, in the Keynsham Union, vice J. Lodge, M.R.C.S.E., whose appointment has expired.

H. A. GRIME, L.R.C.P.Ed., has been appointed Medical Officer of the new Workhouse of the Blackburn Union.

T. HARDIE, M.D., has been appointed a Public Vaccinator for South Leith Parish.

F. ILDERTON, L.R.C.P.Ed., has been appointed Certifying Factory Surgeon for the District of Droylsden, Gorton, and Openshaw, vice W. Gould, M.R.C.S. Eng., deceased.

J. W. IRVINE, L.R.C.S.Ed., Honorary Surgeon to the Liverpool Dispensaries, has been appointed Lecturer on Physiology at Queen's College, Liverpool.

T. M. JOHNSON, M.D., has been appointed Physicians' Assistant to the Manchester Royal Infirmary and Dispensary.

J. B. KIRK, M.D., has been appointed a Public Vaccinator for the Parish of Bathgate, Linlithgowshire.

J. LONGMUIR, M.D., has been appointed a Public Vaccinator for the Parish of Bathgate, Linlithgowshire.

S. M'MUNN, L.R.C.S.I., has been appointed Medical Officer and Public Vaccinator for the Ballymote Dispensary District of the Sligo Union, vice J. Loughead, M.D., resigned from ill-health.

A. J. MATTHEW, M.R.C.S.E., has been appointed Junior House-Surgeon to the Dispensary, Preston, Lancashire, vice J. L. Jones, M.R.C.S.E., resigned.

J. MATTHEWS, M.R.C.S.E., has been appointed Medical Officer for the Ampthill District of the Ampthill Union, Bedfordshire, vice W. Collingwood, M.R.C.S.E., resigned.

W. D. MURPHY, M.D., has been elected Medical Officer and Public Vaccinator for the Askeaton Dispensary District of the Rathkeale Union, Co. Limerick, vice F. Ffolliott, L.R.C.P.Ed., appointed to the Kilworth Dispensary District of the Fermoy Union, Co. Cork.

E. M. ORTIZ, M.D., has been appointed Resident Surgeon to the Birmingham Lying-in Hospital.

T. ORMOND, M.R.C.S., has been appointed Resident Surgeon to the Birmingham Lying-in Hospital.

J. C. PROCTER, M.R.C.S.E., has been appointed Medical Officer to the Lydd District of the Romney-marsh Union, vice Wood, resigned. (See Dawson, above.)

R. RANSOM, M.D., District Medical Officer, has been appointed Medical Officer, *pro tem.*, to the Workhouse of the Cambridge Union, vice C. Newby, M.R.C.S.E., deceased.

A. T. ROBERTS, M.D., has been elected Medical Officer and Public Vaccinator for District No. 1 of the Holborn Union, Middlesex, vice E. White, L.S.A., deceased.

T. S. SMITH, M.B., has been appointed Junior House-Surgeon to the Manchester Royal Infirmary and Dispensary, vice J. Anderson, M.R.C.S.E., resigned.

J. STEEL, L.F.P. & S. Glas., has been appointed Vaccinator for the District of Pollokshaws, Renfrewshire.

G. G. A. SUTCLIFFE, M.R.C.S.E., has been elected Medical Officer and Public Vaccinator for the Muncaster District of the Bootle Union, Cumberland, vice W. Thompson, M.D., deceased.

J. TRAILL, F.R.C.S.Ed., has been appointed a Public Vaccinator for the Parish of St. Vigeans, Forfarshire.

G. E. WALKER, M.R.C.S.E., has been appointed Physicians' Assistant to the Manchester Royal Infirmary and Dispensary.

G. L. WHITE, L.F.P. & S. Glas., has been appointed a Public Vaccinator for Aberdour, Fifeshire.

T. WILLIAMSON, M.D., has been appointed a Public Vaccinator for South Leith Parish.

MILITARY AND NAVAL MEDICAL APPOINTMENTS.

W. BRAYBROOKE, M.R.C.S.E., Staff Surgeon Army, having completed twenty years' full-pay service, has been promoted to Staff Surgeon-Major under the provisions of the Royal Warrant of Oct. 1st, 1858.

T. CANN, M.D., Assist.-Surg. R.N. July 6th, 1860, has been appointed to the "Speedwell."

W. CARLETON, Acting Assist.-Surg. R.N. Jan. 19th, 1863, has been appointed to the "Scylla."

S. COURTENEY, Assist.-Surg. 1st Punjaub Cavalry, has been directed to receive over medical charge of the Civil and Police Establishments at Dera Ghazee Khan.

P. DAVIDSON, M.D., Assist.-Surg. 5th Foot, has been appointed Staff Assist.-Surg., vice Hifferman, appointed to the 5th Foot.

F. S. B. F. DE CHAUMONT, M.D., Assist.-Surgeon Rifle Brigade, has been appointed Staff Assist.-Surg., vice Wiles, appointed to the Rifle Brigade.

W. EDNEY, M.R.C.S.E., Surgeon R.N. Oct. 22nd, 1862, has been appointed to the "Scylla."

C. G. E. FORD, F.R.C.S.E., Surgeon-Major Madras Service, Staff Surgeon at Rangoon, has been appointed to act as Deputy Inspector-General of Hospitals during the absence in Europe of Deputy Inspector-General J. Durward, or until further orders.

A. HARRIS, Hon. Assist.-Surg. Madras Service, has been appointed to officiate as Civil Surgeon of Tranquebar, as a temporary measure, vice Dr. Joseph.

R. HAY, M.D., Acting Assist.-Surg. R.N., has been appointed to the "Pelorus."

E. L. HIFFERNAN, L.R.C.S.I., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the 5th Foot, vice Davidson, M.D., appointed to the Staff.

G. W. JAMESON, Assist.-Surgeon attached to the 19th Hussars, has been appointed Civil Surgeon of Hurdui, Oude.

W. A. LESLIE, M.R.C.S.E., Surgeon Madras Service, has been appointed to act as Surgeon of the 3rd District at the Presidency during the absence of Dr. Duff on leave, or until further orders.

W. LUCAS, M.R.C.S.E., Deputy Inspector-General of Hospitals Army, has been appointed Principal Medical Officer to the Royal Hospital, Chelsea, vice D. Mackinchian, M.D., retired on half-pay.

C. M'SHANE, M.R.C.S.E., Surg. R.N. Jan. 26th, 1855, has been appointed to the "Gibraltar."

W. REID, M.D., Acting Assist.-Surgeon R.N., has been appointed to the "Gibraltar."

K. B. STUART, M.D., has been appointed Surgeon to the Artificers of the Mint and Officers of the Customs' Preventive Service, Calcutta.

E. WALLER, M.D., Assist.-Surg. R.N., has been appointed to the "Gibraltar."

J. WALSH has been appointed Acting Assist.-Surgeon (additional) to the "Victory" for Haslar Hospital.

I. WAUGH has been appointed Acting Assist.-Surg. to the "Royal Adelaide" (additional) for service at Plymouth Hospital.

J. P. WAY, M.R.C.S.E., has been appointed Acting Assist.-Surgeon to the "Victory" (additional) for Haslar Hospital.

J. WILES, M.R.C.S.E., Staff Assist.-Surg. Army, has been appointed Assist.-Surg. to the Rifle Brigade, vice De Chaumont, M.D., appointed to the Staff.

Births, Marriages, and Deaths.

BIRTHS.

On the 27th of May, at Melbourne, Victoria, the wife of James T. Rudall, F.R.C.S., of a daughter, prematurely.

On the 2nd inst., at Cambridge House, Cambridge-road, Kilburn, the wife of E. T. Edwards, M.R.C.S.E., of a son, still-born.

On the 9th inst., at Park-street, Bristol, the wife of F. Poole Lansdown, Esq., of a son.

On the 10th inst., the wife of Robert Welch, L.R.C.P.E., of Oxford-street, Southampton, of a son.

On the 10th inst., at St. Germains-terrace, High-road, Lee, the wife of Wm L. Shine, Esq., Surgeon, of a son, still-born.

On the 10th inst., at Tweedmouth, Berwick-on-Tweed, the wife of Jas. Wilson, M.D., of a son.

On the 10th inst., at The Hall, Houghton-le-Spring, Durham, the wife of T. T. Pyle, M.D., of a daughter.

On the 11th inst., at Richmond Barracks, the wife of R. W. Jackson, F.R.C.S.I., Assist.-Surg. 86th Regiment, of a son.

On the 11th inst., at Norwood, the wife of A. R. Sharpe, M.D., of a daughter.

On the 12th inst., at Richmond, Surrey, the wife of Thos. Duncan, M.D., of a daughter.

On the 13th inst., at Nethergate, Dundee, the wife of D. Greig, M.D., of a son.

On the 14th inst., at Eastbourne, Sussex, the wife of C. Hayman, M.D., of a son.

On the 14th inst., at Mount Sandford, Southborough, Tunbridge Wells, the wife of J. F. Harding, F.R.C.S.E., of a daughter.

MARRIAGES.

On the 3rd inst., at Bures St. Mary, Suffolk, Edwin Edmund Day, M.R.C.P. Lond., of Hertford-street, Mayfair, son of the late Henry Day, M.D., Surgeon R.N., of Acton, Middlesex, to Elizabeth, younger daughter of John Garrad, Esq., of "Secretaries," Bures.

On the 10th inst., at the Parish Church, Didsbury, Thos. Moreton, M.R.C.S., of Northwich, Cheshire, to Annie, third daughter of the late Geo. Deakin, Esq., of the Priory, Sale, near Manchester, and niece of Lieut.-Col. Deakin, of Moseley-park, Cheadle.

On the 16th inst., at Walton Church, Wm. Sayer, M.D., of Liverpool, to Mary Jane, only daughter of the late J. Johnston, Esq., of Castle View, Bootle.

On the 17th inst., at Uttoxeter, R. Heywood Herbert, Esq., Surgeon, of Uttoxeter, to Mary Ellen, eldest daughter of Geo. Goodwin Bladon, Esq.

DEATHS.

On the 6th inst., Chas. Newby, M.R.C.S.E., of Cambridge, aged 68.

On the 9th inst., at Kilburn, John Clayton Hodson, M.R.C.S.E., aged 38.

On the 13th inst., at Totness, Lewis Harris, M.R.C.S.E., aged 28.

On the 13th inst., suddenly, at Cheltenham, B. Robinson, M.D., of Rotherham, aged 47.

On the 14th inst., at Manchester, E. Stephens, M.D., aged 57.

On the 15th inst., at Sloane-street, J. E. Cartwright, M.R.C.S.E., of Ramsgate.

On the 15th inst., at Middleton, D. A. Riordan, M.D., Assist.-Surg. R.N.

On the 15th inst., at Clarendon-park, near Salisbury, J. D. Wright, late Surg.-Major Grenadier Guards.

On the 15th inst., at Seaton Villa, Clevedon, Allan Webb, M.D., Surg.-Major, Presidency Surgeon &c. of the Bengal Medical Staff, aged 55.

On the 16th inst., at Caskieben, Aberdeenshire, Alexander Henderson, M.D., of of Caskieben, and of Curzon-street, Mayfair, aged 83.

On the 17th inst., at Gilsland, Cumberland, J. Coldstream, M.D., of Edinburgh.

On the 19th inst., at Elderslie, Rathgar, H. King, M.D., late Surg. 33rd Regt.

On the 19th inst., at Talbot-street, Dublin, C. Shaw, M.R.C.S.E.

On the 20th inst., at Howard-place, Edinburgh, G. Roberts, Surgeon R.N.

On the 20th inst., William Arthur Rush, M.R.C.S., of Southminster, Essex, aged 27.

Medical Diary of the Week.

MONDAY, SEPT. 29
- ST. MARK'S HOSPITAL FOR FISTULA AND OTHER DISEASES OF THE RECTUM.—Operations, 1½ P.M.
- METROPOLITAN FREE HOSPITAL. — Operations, 2 P.M.

TUESDAY, SEPT. 29
- GUY'S HOSPITAL.—Operations, 1½ P.M.
- WESTMINSTER HOSPITAL.—Operations, 2 P.M.

WEDNESDAY, SEPT. 30
- MIDDLESEX HOSPITAL.—Operations, 1 P.M.
- ST. MARY'S HOSPITAL.—Operations, 1 P.M.
- UNIVERSITY COLLEGE HOSPITAL. — Operations, 2 P.M.

THURSDAY, OCT. 1
- ST. GEORGE'S HOSPITAL.—Operations, 1 P.M.
- CENTRAL LONDON OPHTHALMIC HOSPITAL — Operations, 1 P.M.
- LONDON HOSPITAL.—Operations, 1½ P.M.
- GREAT NORTHERN HOSPITAL, KING'S CROSS.—Operations, 2 P.M.
- LONDON SURGICAL HOME.—Operations, 2 P.M.
- WEST LONDON HOSPITAL.—Operations, 2 P.M.
- ROYAL ORTHOPÆDIC HOSPITAL. — Operations, 2 P.M.

FRIDAY, OCT. 2
- WESTMINSTER OPHTHALMIC HOSPITAL. — Operations, 1½ P.M.

SATURDAY, OCT. 3
- ST. THOMAS'S HOSPITAL.—Operations, 1 P.M.
- LOCK HOSPITAL, Dean-street, Soho.—Clinical Demonstrations and Operations, 1 P.M.
- ST. BARTHOLOMEW'S HOSPITAL.—Operations, 1½ P.M.
- KING'S COLLEGE HOSPITAL.—Operations, 1½ P.M.
- ROYAL FREE HOSPITAL.—Operations, 1½ P.M.
- CHARING-CROSS HOSPITAL.—Operations 2 P.M.

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THE LANCET *may be obtained from every respectable Bookseller or Newsman in the World.*

To Correspondents.

LONDON HOSPITAL.

THE name of Mr. J. E. D. Rodgers, as Lecturer on Medical Jurisprudence in conjunction with Dr. Ramsbotham, was accidentally omitted from our Table last week.

ROYAL COLLEGE OF PHYSICIANS AND SURGEONS, EDINBURGH.

IN the regulations of this College the subject of the Botanical examination should have been stated as follows:—Vegetable Anatomy and Organography—Natural orders Cruciferæ, Umbelliferæ, Leguminosæ, and Siliaceæ. One of the days of the preliminary examination was erroneously stated to be the 4th instead of the 14th November, 1863.

THE ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following will be the periods of Examination for the Diploma of this College for the year 1863-64:—

1. *Preliminary Examinations in General Education.*—1863: October 31st and November 14th. 1864: April 30th and July 30th.

2. *First Professional Examinations.*—1863: October 27th. 1864: Jan. 26th, April 5th, May 3rd, July 12th, July 26th, and October 25th.

3. The *Second Professional Examinations* will take place immediately after the conclusion of each of the First Professional Examinations.

FACULTY OF PHYSICIANS AND SURGEONS, GLASGOW.

No account of the regulations of this institution reached us until the 23rd instant. The Professional Education is similar in all respects to the Edinburgh College of Surgeons; but the Preliminary Examination is different. The Faculty grants, along with the College of Physicians of Edinburgh, a double qualification in Medicine and Surgery, for which attendance on a course of lectures on Botany and an extra course on the Practice of Medicine is requisite.

Dr. Wardell, (Tunbridge Wells.)—As the controversy to which Dr. Wardell's letter refers has been virtually closed in our pages, we cannot consistently re-open it. It is only due, however, to Dr. Wardell to state that he complains of the communication of Mr. Andrew as not containing a correct version of the circumstances to which it professes to relate. Dr. Wardell reiterates that the statements contained in his letter to THE LANCET a month ago are strictly in accordance with truth.

Mr. W. Rendell.—The Warrant has not yet been issued, but will shortly be made public.

TREATMENT OF SPASMODIC ASTHMA.

To the Editor of THE LANCET.

SIR,—There is a letter in your journal of September 12th from "A Professional Brother," requesting information touching the treatment of spasmodic asthma. I shall be most happy to give him the result of my experience in this most distressing malady if he will favour me with his address, or give me a call any morning before one o'clock. I have unfortunately been compelled to devote much and anxious attention for the last two years to a case of this kind in a member of my own family, and I have great hope I have at length subdued it.

I write this because I feel that an appeal from a professional brother, under such circumstances, should command attention and sympathy.

I remain, Sir, yours obediently,
90, Torrington-square, Sept. 1863. GEO. DUPLEX, L.R.C.P. Edin.

To the Editor of THE LANCET.

SIR,—If "A Professional Brother," who appears to be a martyr to spasmodic asthma, will take the trouble to read the admirable paper on this subject by Dr. Hyde Salter (in THE LANCET, November 6th, 1858, p. 470; or in "Braithwaite's Retrospect of Medicine," vol. xxxviii., p. 440), and will strictly adhere to the dietetic rules there so simply laid down, he will, I hope are long, add to the number of those who have already derived such benefit from Dr. Salter's plan of treatment.

I may mention, before concluding, that an intimate friend, long afflicted with this disease, and whose life had been a burden to him, after rigidly following out these regimenal rules, soon ceased to suffer; but so surely as he deviated, so surely did "his enemy" return. No praise of mine can sufficiently extol the observations referred to, and I hope the day is not far distant when diet will take a much more important share in the treatment of disease than it does already. I am, Sir, yours, &c.,
September, 1863. NEMO MB IMPUNE LACESSIT.

To the Editor of THE LANCET.

SIR,—In reply to the letter of "A Professional Brother," I would advise him to try sulphurous baths for twenty minutes every alternate day for a month or six weeks at least (one ounce and a half of sulphuret of potash in each bath). I have also given the following pills combined with the decoction of senega, or by themselves, with the greatest advantage in spasmodic asthma:—Extract of nux vomica, eight grains; ipecacuanha powder, four grains; acetate of morphia, one grain; tartrate of antimony, one grain; compound squill pill, sixteen grains; mercury pill, eight grains. Mix and divide into sixteen pills: one to be taken every four hours, with an ounce of decoction of senega. Hoping that this may relieve my professional brother,

I remain, Sir, yours very truly,
September, 1863. L.F.P.S.G. & L.S.A.

To the Editor of THE LANCET.

SIR,—I beg to recommend the following prescription to "A Professional Brother," suffering from spasmodic asthma:—Powder of capsicum, twenty-four grains; extract of hyoscyamus, one scruple and a half. Divide into twelve pills: one to be taken night and morning.—Yours faithfully,
September, 1863. E. T.

To the Editor of THE LANCET.

SIR,—If the symptoms enumerated by "A Professional Brother" arise in any way from syphilitic taint,—and I have known many such,—three grains of iodide and bicarbonate of potash, taken with two ounces of camphor julep three times a day for a fortnight, will effect a cure. Yours, &c.,
September, 1863. M.R.C.S.L.

Observer.—In the present unsatisfactory state of the law, there are no means of punishing such offenders. Practising as an apothecary has been defined by the judges as "attending, prescribing, and dispensing medicines for gain in a *medical* case." The Society of Apothecaries, even in a case in which the Act has been clearly proved to have been violated, will not take the initiative as prosecutors. They have, however, in some instances allowed their name to be used by other parties. It is doubtful how far the Medical Act has affected the statute of 1815; and until this has been decided, it is probable that the Society would decline to interfere under any circumstances.

D. K., (Truro.)—If the Coroner knew that A. B. had seen the patient during life, we think he should have summoned him to give evidence at the inquest. As C. D. was summoned, he was bound to attend, and committed no breach of professional etiquette in so doing; consequently he was perfectly justified in retaining the fee.

Homo will find full answers to his questions in the Students' Number of THE LANCET.

A Young Surgeon.—Five guineas would be a moderate charge.

PREGNANCY IN ADVANCED AGE.

To the Editor of THE LANCET.

SIR,—During the summer of last year I was sent for to attend in labour a woman, fifty-two years of age. The account she gave me was, that she had not menstruated for ten months, and had progressively increased in size. She had had bearing-down pains for the last two hours, and also a slight coloured discharge. A vaginal examination soon proved that she was mistaken as to her being in labour, and that the "pains" were due merely to the menstrual flux. The breasts were flabby, and presented none of the signs ordinarily accompanying her supposed state. The abdomen was covered by a layer of fat several inches thick. She had had several children. The sudden cessation of the menses and her gradual increase in size had made her imagine that she was pregnant, whilst the return of the menses at the time when she expected an addition to her family had led her to suppose that she was in labour.

Thinking that the above case might interest "An Inquirer," I have sent the particulars to your journal.

I am, Sir, your obedient servant,
W. POWELL, M.B. Lond.,
London Hospital, Sept. 1863. Res. Med. Officer, late Res. Accoucheur.

To the Editor of THE LANCET.

SIR,—I write to inform your correspondent, "An Inquirer," that I lately attended a woman in her confinement who stated her age to be at least fifty. She has been married seventeen years, has had seven children and one miscarriage; menstruated regularly between her pregnancies. Considerable gastric disturbance accompanied the last two. The labour presented no peculiarity, though somewhat lingering, and she made an unusually rapid recovery.

I am, Sir, yours, &c.,
R. HECKFORD,
September, 1863. Res. Accoucheur, London Hospital.

To the Editor of THE LANCET.

SIR,—In answer to "An Inquirer," I beg to state that I have attended several women in their confinements whose ages were upwards of forty-four; and within the last six weeks I delivered a woman in her first confinement who was upwards of forty-eight years, in which case the catamenia appeared regularly until the last eleven months.

I am, Sir, your obedient servant,
Mold, Flintshire, Sept. 1863. E. G. CLARKE, M.R.C.S. Eng.

To the Editor of THE LANCET.

SIR,—In reply to "An Inquirer," I can mention the case of a woman whom I attended in her first confinement at the age of fifty-two. She had been married thirty-five years. Her health had been extremely good, and the catamenial periods very regular. Yours, &c.,
Parade, Portsmouth, Sept. 1863. H. BLOXAM, M.R.C.S.

To the Editor of THE LANCET.

SIR,—In answer to the question of "An Inquirer," I beg to say that on the 17th of April, 1857, I attended a woman in labour with her fifteenth child, a son—as fine a child as she had ever had. She was then in her fifty-first year, and had been "regular" between that and her previous child, a daughter, then three years of age. She has had the catamenia more or less regular ever since until about three months ago, when they ceased altogether. She is now in her fifty-eighth year, and in good health. I might mention that this woman had her children pretty fast, about eighteen months between each, with the exception of the last one, when she went three years. Of course she thought she had done child-bearing.

I am, Sir, your obedient servant,
September, 1863. M.R.C.S. & L.S.A.

T. T.—Hydrastin is a name given to a yellow crystalline precipitate, produced by the addition of hydrochloric acid to an infusion of the Hydrastin Canadensis, or yellow puccoon root, a plant belonging to the natural family Ranunculaceæ.

A. W., (Hoxton.)—A house-surgeon, if summoned under the provisions of the Medical Witnesses Act, can demand a fee for giving evidence at an inquest held at the hospital on a body brought into the hospital dead. He would be justified in refusing to give evidence unless he were summoned in accordance with the statute.

A Medical Student, (Conduit-street, W.)—The Post-office will not receive anonymous letters.

DR. OUDNEY.

To the Editor of THE LANCET.

SIR,—Would you kindly allow me to inquire, through the medium of your pages, if any of your subscribers or readers can give any information regarding the family of the late Dr. Oudney, R.N., who accompanied Messrs. Denham and Clapperton in their African expeditions? This inquiry is made on behalf of an old brother officer of Dr. Oudney, with benevolent intentions.

I am, Sir, your obedient servant,
September, 1863. M.D.

Mr. R. Dawdes, (Manchester.)—1. It rests with the Council to decide this question.—2. Application should be made to Dr. Hawkins, 32, Soho-square.—3. As yet no time has been stated. It would be the safer course to register immediately.—4. If both diplomas are registered at the same time, one fee is sufficient.—5. Yes.—6. The qualification named gives the same privilege in England as it does in Ireland with regard to recovery for attendance, &c. Without knowing the nature of the qualification, we cannot give a more definite answer to the last question.

Inquirer.—It would depend upon the terms of the agreement. Provided the prohibition were limited to general practice, he might take the step which he desires without incurring the penalty. If the word employed, however, was "practice" simply, he would break the contract by practising as a physician.

PREPARATION OF LIQUOR CHLORINÆ.

To the Editor of THE LANCET.

SIR,—Your correspondent, "J. C. B. S. W.," who wishes to be informed how in the most effective way to prepare liquor chlorinæ for the treatment of diphtheria, &c., will find a formula in the second volume of Watson's "Principles and Practice of Physic," page 823. I have used it now for several years with great success. I am, Sir, yours truly,

Sept. 1863. J. B. W.

To the Editor of THE LANCET.

SIR,—The mixture as described by Mr. Sadler in your journal of Sept. 12th does not contain enough of the chlorate to be of much service. I have used the following form very largely, and with great success:—Chlorate of potash, two scruples; hydrochloric acid, thirty minims; tincture of opium, ten minims to one drachm; syrup of oranges, half an ounce; water to six ounces. One drachm to one ounce for a dose. Rub the chlorate down in a mortar, add the acid, and when the gas is being freely evolved dash in the water. The opium prevents diarrhœa, which frequently occurs during the administration of the chlorine mixture. Yours, &c.,

Warwick, September, 1863. F. H.

A Subscriber, (Shrewsbury.)—The paragraph headed "The late Medical Persecution in Shrewsbury" is too insignificant a production to receive any notice at our hands.

C. L.—There is such a library: Lewis's, 15, Gower-street North, W.C. It offers great advantages to country practitioners. The following are the terms:—

"Single subscription, one guinea per annum. Book Clubs in all parts of the kingdom, subscribing from two to ten guineas per annum, now receive books on hire. New books supplied at 20 per cent. discount. List of books on sale at reduced prices, gratis."

Dr. Augustus Brown.—Whilst fully sympathizing with the objects of the writer of the letter in question, we do not think its republication in the pages of THE LANCET would answer the purpose expected.

GREEK FIRE.

To the Editor of THE LANCET.

SIR,—Can any of your readers inform me where I can find an account of "Greek fire," its properties, manufacture, and so forth? The late accounts from Charleston have given it an infamous notoriety.

Your obedient servant,

September, 1863. ARTHUR.

Herbertus.—1. Sir Emerson Tennent's Ceylon, (Longman and Co.)—2. A work on this subject may be obtained on application to Allen and Co., East India Publishers, Leadenhall-street.

Sterborne.—We have received no particulars respecting the inquest in question; but if it be one of interest to the profession, an account of it would be acceptable.

RHEUMATOID ARTHRITIS.

To the Editor of THE LANCET.

SIR,—Very recently my attention has been drawn to the letter of "Medicus," in THE LANCET of the 5th inst., in which he refers to the case of "rheumatoid arthritis," the notes of which you were good enough to publish in your journal of August 15th.

In answer to "Medicus," I would just say that in the case reported, the noise heard and the grating felt on flexion of the knee were quite unlike that occasional "crick" that may be heard and felt in the knee of "Medicus," myself, or any other man.

Since writing to your journal on August 15th, I have again seen my patient. She is in no way improved so far as the knee goes, and complains now of the joint getting very weak. On extreme flexion, there is always heard a loud creaking noise, and this is quite audible at a distance of certainly a dozen yards. I believe it is due to deposit of exudation beneath the ligamentum patellæ.

I should be happy to show the case to "Medicus," and would be glad if he could suggest anything likely to cure the patient.

I am, Sir, yours obediently,

Finsbury-circus, Sept. 1863. JOHN C. THOROWGOOD, M.D.

Mr. T. F. Pringuer.—Such modes of advertising are undoubtedly very objectionable; but it is difficult to suggest a remedy. They, however, lower the advertiser to the position of a tradesman.

A Subscriber.—The qualifications are sufficient.

Country Surgeon (N.B.)—The case appears to be one of obstinate gleet, and presents no features of sufficient importance to entitle it to insertion in this journal.

VILLAGE HOSPITALS.

To the Editor of THE LANCET.

SIR,—I am trying to establish one of these useful institutions in this village. The only hospitals of the kind I have seen accounts of are at Cranley, Bourton-on-the-Water, and Torvey; but I am informed by Mr. Napper that there are many others opened this present year. It would greatly facilitate my efforts if any of your readers would send me reports or rules of any Village Hospital besides those I have mentioned.

Yours faithfully,

Wrington, near Bristol, Sept. 1863. HORACE SWETE, M.R.C.S.

S., (Edinburgh.)—There is no sufficient ground on the score of medical etiquette for the medical superintendent to withhold the information—information which he could be compelled to give in a court of law. We think, under the circumstances of the case, he is bound as a professional brother to give the "reasons" to "S."

Dr. Edward Hearne.—The papers were received.

Mr. J. L. Emerson.—The patient under such circumstances would, no doubt, be liable for the fee; but we would strongly recommend that no proceedings be taken in the case.

THE communications received from the Secretary of the National Life Institution shall be attended to next week.

Chirurgus, (Islington.)—We think Mr. Willis's card, though not to be commended, is scarcely open to the severe sentence of our correspondent.

IS DIPHTHERIA CONTAGIOUS TO PUERPERAL WOMEN?

To the Editor of THE LANCET.

SIR,—Will any of your numerous readers oblige me by recording their experience with regard to diphtheria being contagious or infectious to puerperal women? In other words, can an accoucheur, whilst attending a family with diphtheria in the morning, and in the afternoon attending a healthy woman in child-bed, be the means of communication of the disease? Any facts relative to this question will be much esteemed by,

Your obedient servant,

September, 1863. JUVENIS.

A Pharmaceutist.—The paragraph in the *Kendal Mercury* is a very injudicious puff. It cannot be supposed, however, that any of the medical gentlemen named were aware of the intended publication.

Jack.—1. We believe it to be a *bonâ fide* company.—2. We think an insurance might be effected with safety.

Inquirer, (London.)—The Coroner's jurisdiction extends to monasteries and nunneries; but we cannot find any instance of an inquest being held in either of these institutions.

A. B. C.—Surgery, Medicine, and Hygiene chiefly. The last number of THE LANCET contains an account of the qualifications necessary.

T.—There are no means of punishing such an offender.

OPHTHALMOSCOPE ON THE "GHOST" PRINCIPLE.

To the Editor of THE LANCET.

SIR,—Permit me, through your columns, to make public an ophthalmoscope which I have just invented on the "ghost" principle. It consists of—1, a non-perforated concave mirror; 2, an ordinary ophthalmoscope convex lens; and 3, a sheet of plate-glass. The light from a lamp is reflected by the mirror through the plate-glass and through the lens into the patient's eye. From hence it returns, strikes the lens, and forms a real erect image of the fundus oculi at the focal length of the lens. The rays of light which diverge from the real image strike the sheet of plate-glass, and thence are reflected to the eye of the observer. The fundus oculi is thus seen erect by an observer who looks on the plate of glass.

I shall be happy to show the instrument to any one at the Surrey Ophthalmic Hospital. Your obedient servant,

J. Z. LAURENCE, F.R.C.S.

Devonshire-street, Portland-place, Sept. 1863.

To the Editor of THE LANCET.

SIR,—Having, in the absence of Mr. Zachariah Laurence, made several trials with the new ophthalmoscope which he has invented and described, I beg to state that, although the instrument is at present in a very rude and imperfect form, yet in every case I have examined with it I have been able to obtain a distinct view of the fundus oculi, with the entrance of the nerve and the minute bloodvessels. This ophthalmoscope possesses a very great advantage, that the image which is projected on to the plate-glass is *erect*, and *not inverted*, as in the case with the ordinary ophthalmoscope.

I am, Sir, your obedient servant,

ROBERT C. MOON, House-Surgeon.

Surrey Ophthalmic Hospital, Sept. 1863.

Mr. Alexander MacDowell.—If strict justice were done, the name should be removed from the Register. The Council, however, will not take the first step in such a matter, though under the provisions of the Medical Act it is their manifest duty.

Tyro, (Leeds.)—The proceeding could not legally be called "quackish;" but it is most irregular and reprehensible.

A. B. E. will obtain the information he requires by addressing a letter to Dr. Francis Hawkins, 32, Soho-square, London.

Z. Z. Z.—The case, we fear, is not a solitary one. There are no such appointments to be obtained.

COMMUNICATIONS, LETTERS, &c., have been received from — Mr. Maunder; Dr. Attfield; Mr. Hastings; Mr. Laurence; Dr. Helsham; Mr. Douglas; Mr. Moon; Mr. Buckmaster, (with enclosure;) Mr. Corner; Mr. S. Hewitt, (with enclosure;) Dr. Monckton, Rugeley; Mr. Grosvenor; Mr. J. Barnley, Bradford, (with enclosure;) Mr. Joynson; Mr. Jameson, (with enclosure;) Mr. Wood, (with enclosure;) Mr. Tomlin; Mr. White; Dr. Cheetham; Mr. Pierce, (with enclosure;) Dr. Cookworthy; Mr. Kearns; Dr. Smallman, (with enclosure;) Dr. Griffiths; Dr. Watson; Mr. Morris, (with enclosure;) Dr. M'Rae; Mr. R. Jones; Dr. Hughes; Mr. Fould, (with enclosure;) Mr. Inglis; Mr. Alford; Mr. Edwards, (with enclosure;) Dr. Ross; Mr. Brown; Mr. Williams, (with enclosure;) Mr. Lancaster; Mr. May; Mr. Swann; Dr. Fairless; Mr. James; Dr. Eade; Mr. Thorp; Mr. Hanford, (with enclosure;) Mr. Straton, (with enclosure;) Mr. Griesbach; Mr. E. N. Smith; Dr. Innes; Mr. Cantrell, (with enclosure;) Dr. Thorowgood; Mr. Morrill; Mr. Willis; Mr. R. Watson, (with enclosure;) Dr. Gilbert; Mr. E. Palk; Mr. Kempton; Mr. Ward; Mr. Thurgar, Algiers; Mr. Dane, (with enclosure;) Mr. Moore, Balsamund; Mr. Cawthorn, (with enclosure;) Mr. Gell; &c. &c.

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"I have carefully analyzed Blockey's well-known Stout, as obtained from 21, Duke-street, St. James's, and find it to be a genuine, most wholesome, and highly nourishing beverage, less heavy and consequently more digestible than London Stout in general.—Signed, ARTHUR HILL HASSALL, M.D. London, Analyst of THE LANCET Sanitary Commission."

Casks of 4½, 6, 9, and 18 gallons, at 1s. 8d. per gallon; 3s. per dozen pints; 8s. quarts.—RAGGETT, late Blockey, 21, Duke-st., St. James's. Established 100 years.

Violett's Clarets; rail paid to any

station in England.—THOMAS NUNN and SONS, Wine, Spirit, and Liqueur Merchants, 21, Lamb's Conduit-street, W.C., beg to call the attention of the public to their excellent and varied STOCK of CLARETS, James Violett and Co.'s shipping:—Dinner Wines—good sound Medoc, 18s. per dozen; most excellent Bordeaux (strongly recommended), 24s.; St. Julien, 28s. and 32s.; St. Estephe, 36s. and 40s. Dessert Wines—Margaux, 44s. and 50s.; very superior Cantenac Margaux, in fine drinking order (1857), 56s. and 62s.; Lafitte, Larose, and Latour, 72s., 84s., 96s., and 110s. Priced Lists on application. Established 1801.

WINES OF FRANCE, SPAIN, &c.

Hedges & Butler solicit attention

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ST. JULIEN CLARET,

at 20s., 24s., 30s., and 36s. per dozen; La Rose, 42s.; Latour, 54s.; Margaux, 60s., 72s.; Chateau, Lafitte, 72s., 84s., 96s.; superior Beaujolais, 24s.; Macon, 30s., 36s.; choice Burgundy, 42s., 60s., 72s., 84s.; pure Chablis, 30s., 36s., 42s.; Sauterne, 48s., 72s.; Roussillon, 36s.; ditto, old in bottle, 42s.; sparkling Champaign, 42s., 48s., 60s., 66s., 78s.

SUPERIOR GOLDEN SHERRY,

of soft and full flavour, highly recommended, at 36s. per dozen. Good Dinner Sherry, 24s., 30s.; high-class Pale, Golden, or Brown Sherry, 42s., 48s. Port from first-class Shippers, 36s., 42s., 48s., 60s. Hock and Moselle, 30s., 42s., 48s., 60s., to 120s.; sparkling Hock and Moselle, 60s., 66s., 78s. Fine Old Sack, rare White Port, Imperial Tokay, Malmsey, Frontignac, Constantia, Vermuth, and other rare Wines. Fine Old Pale Cognac Brandy, 60s. and 72s. per dozen.

On receipt of post-office order or reference, any quantity, with priced list of all other Wines, will be forwarded immediately by HEDGES & BUTLER, 155, Regent-st., London, W.; and 30, King's-road, Brighton.—Originally established A.D. 1667.

Glennie's Nursery Biscuits, for

Infants and Invalids. Recommended by the Medical Profession. Manufactured and sold by J. GLENNIE, Sen., 6, Beauvoir-place, Kingsland, London.

Sent to any part of the Kingdom. All orders to be prepaid by money-orders or stamps.

Diabetes.—Blatchley's Bran Biscuits,

prepared according to Dr. CAMPLIN'S prescription, (see "Camplin on Diabetes.") The Bran used by E. Blatchley is carefully prepared, rendered free from starch, and finely ground by steam machinery.

The prepared Bran for making the above may be had in any quantity of

E. BLATCHLEY, CONFECTIONER, 362, OXFORD STREET, three doors from the Pantheon. Established 23 years.

Diabetes.—Bran Biscuits, from the

prescription of Dr. Camplin, (see "Camplin on Diabetes," 2nd edit., p. 68,) and strongly recommended by many eminent physicians, are prepared by J. C. DONGES, late T. SMITH, Biscuit Baker, Gower-st. North, Euston-square, W.C. J. C. D. supplies King's College, Guy's, St. George's, Bath, Bristol, Nottingham, Leicester, Northampton, and other Hospitals in Great Britain and the Colonies. These Biscuits will keep good many months. Price 1s. per lb.—DONGES' IMPROVED NURSERY BISCUITS, 9d. per lb.

Diabetes.—Almond Bread & Biscuits.

A new kind of Food for Diabetes. Manufactured and sold by W. HILL, 61, Bishopsgate-st., London.—*Extract from* Dr. PAVY'S Work on "Diabetes": "Mr. Hill has succeeded in producing a form of Biscuit which gives me good cause to hope that the Diabetic will find in this application of the Almond a not unimportant nor unpalatable accession to the limited list of articles he is permitted to consume."—"Dr. Pavy has lately invented, as a substitute for wheaten bread in Diabetes, an 'Almond Food' in the shape of Biscuits. Its sole ingredients are eggs and blanched almond powder, freed from gum and sugar. It keeps well, and, to our own taste, is far more palatable than either of the ordinary substitutes." ("Medical Times," Oct. 25, 1862.)

The Biscuits, in boxes of 2 lb. each, 4s. 6d. per box; Almond Bread, in ½ lb. cakes, 1s. each. All orders must be accompanied by a remittance.

Consumption, Diabetes, and General

DEBILITY.

BOURCHARDAT'S GLUTEN BREAD, CHOCOLATE, SEMOLA, AND INVALIDS' AND INFANTS' FOOD.

"Wherever the body is ill-nourished, whether this depend upon defective assimilation, or more particularly on exhaustive diseases, the free use of gluten will prove of great service."—THE LANCET, Feb. 28th, 1863.

"I have given your Gluten Bread a trial, and am happy to inform you it has exceeded my most sanguine expectations."—F. W. PAVY, M.D., Guy's Hospital.

VAN ABBOTT & CO., Dietetic Depôt, 5, Princes-street, Cavendish-square, W.

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J. CAMPBELL, Wine Merchant, 158, Regent-street, recommends attention to the following CLARETS, selected by himself on the Garonne:—Vin de Bordeaux (which greatly improves by keeping in bottle two or three years), 20s.; St. Julien, 22s.; La Rose, 28s.; St. Estèphe, 30s.; St. Emilion, 42s.; Haut Brion, 48s.; Lafitte, Latour, and Chateau Margaux, 60s. to 84s. per doz. J. C.'s experience and known reputation for French Wines will be some guarantee for the soundness of the Wine quoted at 20s. per dozen.

Note.—Burgundies from 30s. to 54s.; Chablis, 30s. and 36s. per dozen. E. Clicquot's finest Champagne, 66s. per dozen.—Remittances or town references should be addressed James Campbell, 158, Regent-street.

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V. COGNAC BRANDY.

This celebrated old IRISH WHISKY rivals the finest French brandy. It is pure, mild, mellow, delicious, and very wholesome. Sold in bottles, 3s. 6d., at the retail houses in London; by the agents in the principal towns in England; or wholesale, at 8, Great Windmill-street, Haymarket. Observe the red seal, pink label, and cork branded "Kinahan's LL Whisky."

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Messrs. S. ALLSOPP and SONS beg to inform the Trade that they are now registering orders for the OCTOBER BREWINGS of their PALE ALE, in Casks of 18 gallons and upwards, at the Brewery, Burton-on-Trent, and at the undermentioned Branch Establishments:—

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DUDLEY	At Burnt Tree.
EDINBURGH	At Union-street-lane.
GLASGOW	At 115, St. Vincent-street
DUBLIN	At 1, Crampton-quay.
CORK	At 25, Cook-street.
BIRMINGHAM	At Temple-street.
WOLVERHAMPTON	At Exchange-street.
WORCESTER	At the Cross.
SOUTH WALES	At 13, King-street, Bristol.

Messrs. ALLSOPP and SONS take the opportunity of announcing to Private Families that their ALES, so strongly recommended by the Medical Profession, may be procured, in Draught and Bottles, Genuine from all the most respectable Wine and Beer Merchants and Licensed Victuallers on "Allsopp's Pale Ale" being specially asked for.

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Charcoal Biscuits, manufactured from

the purest Vegetable Carbon. Sold only in tins, at 1s., 2s., 4s., and 8s. each, by J. L. BRAGG, Sole Manufacturer, 2, Wigmore-street, Cavendish-square, London.

Chemists and others allowed a liberal discount.

Post-office Orders made payable at the Old Cavendish-street Branch.

Flour, warranted free from adulteration,

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Address, HORSNAILL & CATCHPOOL, Bulford Mill, Witham, Essex; or 353, Goswell-road, City-road, E.C. Directions for bread-making gratis. Terms cash. A half-sack or upwards free to any railway station (200 miles).

"Maizena" is the only Corn Flour

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In Packets 8d., and Tins 1s. Being free from any admixture, prepared from the best quality of maize, it is generally recommended by the Faculty as preferable to the highest-priced arrow-root. It is warranted to keep sweet for years in any climate; and for family use may be obtained in 7 lb. and 14 lb. tins, without extra cost. For Breakfast and Supper it requires only to be boiled with milk and taken with a little sugar.